CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

7 March 1998

Clawback at 9.64pc: 'worst case' avoided

Dove warns LPCs over the dangers of division

RPSGB announces new head office structure

New script fee comes in with new FP10 form

Update: a Candida look at thrush

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COMMENT

Frank, Frank, you're starting to get boring,' quoth one Knighton Berry esq, a non-executive director of West Sussex HA. This gem, flung in the face of health secretary Frank Dobson midway through his ramble at the PSNC dinner on Monday, shocked the slumbering audience to sharp attention. What boorish behaviour; suspense followed by relief that a *pharmacist* hadn't let the side down at such a high profile event in front of 180 MPs and dozens of other sundry dignitaries; and a suspicion that Mr Berry was actually quite right. Mr Dobson presumably thought so to, because having repeated once again his message that he wanted pharmacists to play a much greater role than they have until now in primary care, he sat down. To his credit Mr Dobson has shown his appreciation of the value of a strong network of pharmacies, through his support for the retention of resale price maintenance. But he gave nothing away on Monday at all, not even a throwaway line about the fact he had just raised the prescription charge from April 1, in the time honoured manner of his predecessors. Many had heard the speech before.

And, at the end of the day, the LPC conference? Strong and sensible words about the dangers of division from PSNC chairman Wally Dove. A successful damage limitation exercise concluded on the discount clawback. Rumbles of discontent still evident in London and other areas which will need to be addressed. More details of an intriguing approach to the DoH on remuneration. Will Mr Milburn and his officials have the courage and imagination to go along with it? No hope that anything like a fair settlement is in the offing – in fact not much feedback from the Department of Health at all. After all the talking there was a feeling – just a faint suggestion – that PSNC might be starting to show some initiative instead of having to firefight internal division and external imposition. And, *erratum*, congratulations to Hills/Lloyds on becoming just Lloyds. An exercise in brevity which should not be lost on any other pharmaceutical companies planning a merger and which wish to emerge as anything other than a set of initials.

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REGULARS

Discount clawback avoids 'worst case scenario'

A discount clawback figure of 9.31 per cent will be in place at the beginning of April, Pharmaceutical Services Negotiating Committee chairman Wally Dove has announced.

To this will be added 0.33 per cent to recover a sum of £14m over 12 months, making a provisional total clawback figure of 9.64 per cent for 1998/99. At present, the average discount for English and Welsh pharmacy contractors is 9.01 per cent.

Mr Dove was speaking to delegates at the Local Pharmaceutical Committee's Conference on Monday. After recent discussions with the Department of Health, he said that the outcome would not be the worst case scenario, as had been speculated in the pharmacy press.

Subject to the completion of three reports, the DoH has accepted that the total unrecovered discount for 1997/98 is £14 million, not £46m as claimed elsewhere.

And the DoH has also agreed to collect the money over a 12 month period from April 1, not the six month period it wanted.

Mr Dove was critical of recent press reports that a massive increase in the discount clawback was to be introduced. Tens of millions of pounds are at stake, he said, with a fraction of a percentage point in the clawback scale worth vastly more than a typical increase in the Global Sum. But with public discussion of the figures, the DoH would harden its position that the NHS pays contractors no more for drugs than those drugs cost contractors.

Keep scripts to one month's supply and we'll share savings, PSNC tells Dobson

A proposal to standardise the period of treatment for NHS prescriptions to one month has been put to the Health Minister Alan Milburn by the Pharmaceutical Services Negotiating Committee.

"If that sounds like a rather modest proposal, its effects would be far from modest," chairman Wally Dove told the 700 pharmacists, MPs, peers and health authority executives at PSNC's annual dinner in London on Monday.

"It would reduce waste substantially and help contain the NHS drugs budget. The net savings to taxpayers could run into hundreds of millions of pounds."

PSNC has proposed that the work involved for pharmacists could be funded by using part of the savings.

Other ideas the Committee has put to the DoH to increase pharmacy input into patient care include:

- giving community pharmacists a carefully defined role in influencing diagnosis and prescribing decisions, using a formulary of selected medicines
- giving pharmacists more discretion to supply Prescription Only Medicines in emergencies
- enabling pharmacists to work more closely with other professions in a shared care approach to diagnosis and treatment
- establishing the community pharmacy as a provider of medicines management, a new patient service which would maximise the benefit and minimise the risk from the use of prescribed medicines.

"These innovative ideas and the benefits they will bring will not become a reality without the resources to match," Mr Dove told the health secretary.

"Those resources need to be in addition to the existing budget. The good news is that, in large part, they can be found from savings that pharmacists themselves can generate for the NHS."

Resources apart, the provision of new and existing services depends on a strong and comprehensive network of pharmacies, said Mr Dove.

"We must resist anything that threatens the ability of the pharmacy network to provide a service to the whole population."

Community pharmacists "enthusiastically support" the objectives laid out in the NHS White Paper published last December, said Mr Dove.

The unique national network of 10,500 pharmacies "could not be better placed to assist in the achievement of your aims", he told Mr Dobson.

Pharmacists provide a national dispensing service that is extremely efficient. They also provide a whole range of other health services, said Mr Dove.

"From the tax payer's view, we're very cost-effective indeed. But I have to report that the very strong feeling among pharmacists is that we are seriously undervalued for what we do."

He paid tribute to Mr Dobson's support of the campaign to save Resale Price Maintenance. "The neighbourhood pharmacy is not going to go the way of other community services and shops at the hands of the large supermarket companies," he said.

PSNC chairman Wally Dove makes his point to health secretary Frank Dobson, chief guest at the Committee's annual dinner in London on Monday. Mr Dobson said the NHS does not make as much use of the skills of pharmacists as it should. "I want to see you play a much bigger part than you have until now," he said. Mr Dobson also said he wanted to promote the use of local chemist shops and encourage self-medication where appropriate

Divisions in could lead t

Local pharmaceutical committee members met in London on Monday to hear PSNC's annual report and air some concerns ...

Criticism of the Pharmaceutical Services Negotiating Committee by contractors is allowing the Government to exploit a divided profession, chairman Wally Dove has warned.

At the Local Pharmaceutical Committee's Conference in London on Monday, Mr Dove said critics of PSNC were either wilfully ignorant or just ill-informed. He speculated what might have been achieved if all contractors had been focused on the "right target" – the DoH and the lack of funding.

"The failure of the Government to produce an acceptable level of funding is worrying for all of us. But the frustration that we all feel must not be channelled in the wrong direction," he said.

There was a view among some people that by reducing the number of people on PSNC, the financial problems faced by community pharmacy would be solved.

"This issue is quite simply a distraction," said Mr Dove. He was not opposed to reducing the number of PSNC members, but added: "If I know one thing for certain, it is that reducing the number of members will not somehow magically lead to an increase in the global sum. Nor will a bout of reorganisation."

The DoH recognises these public divisions, for what they are – weakness and division – he said. "The more we display this kind of weakness, division and ineptitude, the more the Department will get its way."

Part of the strength of other health professions, such as doctors and nurses, was that they did not squabble in public. As such, they are treated with more respect by government.

Another factor PSNC had to consider was the Government's comprehensive spending review (CSR) covering all Whitehall departments. This will mean the global sum will come under close scrutiny at the Treasury.

PSNC has argued how cost-effective the global sum is in funding the nationwide network of pharmacy services. PSNC's submission had concluded "by reminding the Department that community pharmacy is suffering

profession xploitation

from persistent underfunding, that gross profit margins are among the lowest in the world, and that as a result, morale is suffering," said Mr Dove.

Mr Dove said the PSNC is determined to adopt a fresh, positive and forward looking approach in this year's bid. The introduction of a maximum one month supply period for prescription items has been proposed which would lead to a significant saving in the drugs bill. The savings could in part be used to make additional payments to community pharmacists.

PSNC has also made a "strong case" for including community pharmacy in the NHS Net, in order that primary care services be properly integrated. A formal response is awaited.

PSNC also believes that to argue its case more effectively, it is time to commission an inquiry into the cost of providing the NHS pharmaceutical service.

The last cost inquiry was 1988 and increases in the global sum have not kept up with the rising costs faced by contractors. "However, without authenticated up-to-date figures, it is difficult for the PSNC to force the DoH to accept this fact," said Mr Dove.

Another area that PSNC has been considering for the past year is the establishment of a "major" new pharmaceutical service to be provided by community pharmacies, 'medicines management'. A working group is finalising details.

Following a survey of LPC's, PSNC has now circulated proposals for a regional committee structure. "These regional committees are not to be seen as replacements for LPCs," said Mr Dove. "LPCs will continue, but an additional regional structure should result in the work of LPCs being better co-ordinated and will mirror the way in which HAs come together on a regional basis to discuss issues of mutual concern."

PSNC chairman Wally Dove accused critics of being "wilfully ignorant or just ill-informed"

In brief

On the English health White Paper: "There is no indication as to how the positive statements made about community pharmacy by health ministers are to be turned into action. Informal discussions with the Department since the paper was published have shed little light on the matter."

On the Welsh health White Paper: "It is clear that pharmacists are to be members as of right of the local health groups. Welsh pharmacy contractors will have a major input into decisions about the nature of primary care services in Wales. And that is to be applauded."

On the public health Green Paper: "It presents community pharmacy with opportunities to strengthen our role in primary health care. If we do not grasp these opportunities, others will."

On rural dispensing: "Without agreement between us [PSNC and General Medical Services Council] the Government will not act to change the current rural dispensing arrangements."

On patient packs: "There were too many problems associated with the patient pack proposals, and the fact that they are now gathering dust on a shelf is not altogether disappointing news."

On disparity of appliance remuneration: "The government still refuses to publish the report it commissioned from Touche Ross, which highlights the fact that remuneration arrangements unfairly favour appliance contractors. We have found health authorities attempting to move not only appliances, but also dressings from supply by pharmacies and instead making alternative supply arrangements through NHS Trusts."

On the DoH's prescription fraud strategy: "We start from the view that pharmacists are naturally uneasy about the prospect of policing the Government's prescription charging system. If there is additional work, the right level of funding must be provided on top of the existing global sum."

LPCs call for NHS pay to reflect individual costs

A renegotiation of the pharmacy contract to reflect contractors' actual costs was called for by local pharmaceutical committee representatives, meeting in London on Monday.

Proposing the motion for Camden & Islington LPC, Alan Spivack said that contractors needed reimbursement of actual costs incurred. Every pharmacy in the UK has different fixed costs relating to the provision of NHS services, he said. Costs vary according to geographical location, rates, rent, staff costs and attitudes of local authorities.

"They bear very little relationship to the size of the business or the proportion of NHS turnover to gross turnover of that business," he said.

As such, contractors are paid in the most unfair way possible – they are averaged. No-one knows if the total money paid is accurate, and the last time a comprehensive cost enquiry looked at these fixed costs was 1987.

Mr Spivack said that the answer to the unfairness of the present averaged payment was the individualisation of contracts: "If it is possible for the 30,000 plus GP surgeries, why not for the 10,000 plus pharmacies."

A possible cost reimbursement model was proposed. For pharmacies where NHS income is more than 70 per cent of gross turnover, then the total cost of rent, rates, dispensing technicians and one counter assistant should be paid, he said.

Where NHS turnover is 30-70 per cent of gross turnover, actual costs should be reimbursed. For pharmacies where NHS turnover is below 30 per cent, then 30 per cent of costs should be met.

- A motion calling for the introduction of cash limited budgets, on the basis of need for advising nursing and residential homes, and not historical spend, was lost.

But Graham Jones (Berks) was successful in his motion seeking a change in the way a fixed budget for oxygen services has to meet an open-ended patient generated requirement. He believed that the fixed oxygen budget cannot work because doctors have to prescribe to patients' needs. Mr Jones called for funding to reflect historical usage and incentives for prescribers to adhere to prescription protocols.

- A motion calling for comprehensive care to be made free at the point of delivery was also carried. Proposing, Alan Castell said that the prescription levy raises almost £100m, in a way that is almost cost free for the DoH, because collection is carried out by pharmacists.

Alan Castell

Pharmacists will reject any tinkering with the system which puts more liability on them, he said, adding that pharmacy has a trump card, as the DoH is dependent on pharmacists to collect the levy.

- Merton, Sutton & Wandsworth, wanted GPs to be responsible for checking the authenticity of those claiming exemption from script charges. Kirit Patel said that the new procedure, where pharmacists may have to check forms were completed, would obstruct patient care.

However, Mr Rutherford said the motion could be extremely dangerous to inter-professional relationships. GPs feel the same way as pharmacists, he said, and the knowledge they have of patients' social circumstances is often not significantly greater than that of pharmacists.

Although this motion was lost, Mr Patel was successful with his next resolution calling for an end to anomalies in the exemption system. He pointed out that flu vaccines were free for patients from the GP. This could extend to other vaccines, dressings and eventually medicines, he feared.

- Croydon LPC lost its motion calling for a smaller committee membership of PSNC. LPC secretary Andrew McCoig argued that the £1.5m that was levied on LPCs to fund PSNC was not yielding a return on the investment. He thought that a smaller committee would be more accountable as it could not hide behind its numbers.

David Plumb, who is retiring from PSNC, opposed the motion. He pointed out the amount of work that each PSNC committee member does and said that to

Continued on P18 ▶

Government issues anti-fraud FP10 form

The Government was set to unveil the new 'anti-fraud' FP10 prescription forms this week.

The forms, which can be scanned with ultraviolet light like bank notes, will have serial numbers and are being introduced in attempt to cut trade in forged prescriptions, worth an estimated £70 million.

The government also disclosed further details of its anti-fraud measures. Pharmacists are to be paid cash rewards for detecting forged prescription forms. It was not clear from Whitehall what pharmacies would be offered for spotting forged prescription forms, but one official suggested it could be £1 per fake form.

This may not be regarded as enough by many pharmacists, who will be asked to take on the extra workload, with the risks involved of detecting organised fraud across the counter. DoH officials will include this topic in talks with pharmacy negotiators as part of the current pay round.

"We recognise that pharmacies are the key to making this system work, and we want to reward them for the extra work they will be doing," said a ministerial source.

Pharmacists, therefore, will rely on the outcome of detailed negotiations over their pay to see an improvement in their incomes, but the signs from the Treasury are that they will do well to keep pace with 3.6 per cent inflation.

Health Minister Alan Milburn has indicated he wants to reward pharmacies for extra work they may be able to do to improve health in the community.

Mr Milburn is insisting on attaching strings to any pay offers, to raise productivity in the NHS, but he believes that the pharmacies have been a wasted asset under the Tories, and wants to set that right. This raises hopes that this pay round, although tight, will give some room for optimism about the future.

Prescription charge up to £5.80 per item

The Government is to raise the price of prepayment certificates and prescription items by 2.7 per cent – a 15p increase for a single prescription item from £5.65 to £5.80 – from April 1.

The cost of a four-month prepayment certificate will go up from £29.30 to £30.10, while a 12-month certificate increases from £80.50 to £82.70. It is anticipated the charges will raise £336 million for the NHS in 1998-99.

Health Minister Alan Milburn claims the increase is one of the lowest in 19 years. "It allows us to protect the contribution that the charges make to the NHS income, which is important in maintaining services for patients," he says.

Royal Pharmaceutical Society president, Peter Curphey, was astounded at the Government's decision to raise charges while its comprehensive spending review is still in progress.

"This increase seems to signal a commitment to the current prescription charge system, widely perceived as unfair," he says. "This rise may be small, but for some people it will be the final straw, preventing them from obtaining the treatment they need."

Shadow Health Secretary John Maples says: "Labour is having to learn the realities of government. They will say pressure on the health service makes the increase unavoidable. In opposition, they had a very different tune."

Multiples in contract application failure

Appeals by Boots the Chemists and Tesco against a refusal to grant them contracts for in-store pharmacies in and near to Cowley Retail Park, Oxfordshire, have been rejected.

The Boots and Tesco applications, which were submitted on August 8 and September 10 last year, were turned down by Oxfordshire Health Authority at the end of November. They appealed to the Family Health Services Appeals Authority, which rejected the appeals last week.

In refusing the appeal, the HA suggested that the multiples' applications had the potential to jeopardise pharmaceutical services in the redefined neighbourhood, the retail park, and so were not desirable.

It also noted that there was no evidence that people in the area required extra pharmaceutical services since there were five pharmacies in the redefined neighbourhood.

It is the first time that BTC has applied at the site, while it is Tesco's third application.

New organisational structure at RPSGB coming in from August

The Royal Pharmaceutical Society's Council has agreed to adopt a new organisational structure at Lambeth. The changes will come into effect in August.

There will be five directorates – professional development, professional standards, publications, resources and public affairs. Each will have a director reporting to the secretary and registrar.

- Public relations and services to members will come under the new directorate of public affairs, to give these functions a higher priority. The directorate will be able to take a strategic view of the Society's relations with members, outside opinion formers and the public, and manage these activities as a whole. A director of public affairs is to be appointed as soon as possible.
- A new post of scientific adviser has been created to emphasise the importance of pharmaceutical science across the whole range of the Society's activities. The person appointed will have an input into the scientific aspects of professional development and will manage the network for providing scientific and technical expertise.
- The practice division's work will be divided into policy development – in the professional development directorate – and advice and services to members and outside bodies on practice topics – in the public affairs directorate. A new senior post will be created, which will also be responsible for scientific support.
- All marketing and other commercial aspects of the Society's publications will be within one directorate to facilitate strategy development.

Two directors will have new titles: the director of legal services will become the director of professional standards, to represent the dual role of providing legal expertise and raising professional standards. The director of finance will become director of resources, to reinforce the significance of non-financial aspects such as IT and human resources. One of the directors will be appointed deputy to the secretary and registrar on a personal basis.

The management team will consist of the five directors, led by the secretary and registrar, who might wish to make further changes later, in the light of experience.

The reorganisation follows the recommendations of a group established to implement the Bank's report on the Society's ways of working. The aim is "to foster and promote the practice of pharmacy which is in the public interest and – to that end – to lead, develop and regulate the pharmacy profession."

PCC airs concerns over contract limitation

Concern over remuneration and that erosion of the limitation of contract regulations were the two areas highlighted to Northern Ireland Health Minister Tony Worthington by the Pharmaceutical Contractors' Committee last week.

The high hopes that many pharmacists had, after Labour won the general election last May, have been transformed into scepticism in the light of the new government's performance so far, said chairman Patrick Slevin.

With a Green Paper on primary care expected at the end of the month he hoped that "our scepticism will prove to be misplaced and that [the Green Paper] will go a long way towards demonstrating that".

The continued existence of pharmaceutical services is seriously challenged under the current remuneration system, he warned. There are 509 contractors in the Province. Many provide services in excess of their obligations, and "virtually unlimited access to the public", he reminded the minister.

"I believe that to be an extremely good professional service, the most cost-effective service of any involved in providing primary care," said Mr Slevin.

Over recent years, remuneration has fallen dramatically in real terms. While pharmacists have expressed a willingness to expand their services, "when it comes to payment, we discover that it is to be deducted from the global sum. In simple terms, we are being paid with our own money. Such a scenario is unacceptable and a hindrance to progress", he said

New additional services should attract a new, fair level of remuneration.

Another concern is the increasing difficulty experienced by those involved in administering the limitation of contract regulations.

The original intention of the legislation – to facilitate the rational distribution of service throughout the Province and avoid clusters of competition – seems to have been forgotten or ignored, he said.

Mr Slevin encouraged the Department to consider an educational programme for area board officials, lay members of pharmacy practice committees and their chairmen.

He acknowledged the progress made in implementing the guidelines on dispensing doctors and the 5km limit.

However, he commented that progress seemed "somewhat tortuous. Having seen almost two years elapse since the introduction of the guidelines we would hope that the periods of notice reflect this".

● Mr Slevin paid tribute to Thos O'Rourke for his many years of "excellent service" to the PCC. "He still keeps a sharp eye on us, and particularly on his successor Terry Hannawin. While Thos is there to offer wise counsel, he has allowed us to make our own judgments and mistakes."

The Northern Ireland Pharmaceutical Contractors Committee held its annual dinner last Friday at the Culloden Hotel in Belfast. Left to right: chief pharmacist Dr Norman Morrow jokes with Thos O'Rourke, health minister Tony Worthington and PCC chairman Patrick Slevin. In the Green Paper the DHSS is trying to create space for people to redefine themselves, said Mr Worthington, "but I'm not suggesting every pharmacist goes away and then applies for his pharmacy to become a healthy living centre"

Practice Resource Systems Health Plus offer

Practice Resource Systems is bundling together its Health Plus software, hardware and connection to its network for a monthly charge of £136.

The bundle, which is open to single or multi-user systems, comprises: Health Plus Manager user licence, hardware and software maintenance, all the hardware required, and installation and training. A free hardware upgrade is available after two and a half years.

Health Plus Manager offers a networked patient medication record system with a link to a portfolio of health care services. These include:

- compliance counselling, with fees which can be earned on a 'per intervention' basis once connected
- OTC medication interaction checking
- diagnostic services for anticoagulant and diabetic patients.
- secure e-mail services.

Details from PRS on 01793 526777.

Lothian Health Board funds 'no smoking' campaign

Lothian Health Board is funding a community pharmacy campaign to promote the benefits of smoking cessation in March.

This is the second time LHB has used community pharmacy in a health promotion campaign. Last October, LHB funded ten community pharmacists to promote cardiac and vascular health during Chest, Heart and Stroke Scotland Week, last October (*C&D* October 11, p6).

Eleven pharmacies are each being paid £100 to display cessation material in their windows on No Smoking Day [March 11] and to collect data on the uptake of leaflets throughout March.

Pharmacist facilitator Dawn Sykes (left) and health promotion facilitator Jane Riddell at a training session in Edinburgh on February 12

NPA to investigate switch in supply of appliance products

News that Lothian Health Board is looking at proposals to make incontinence pads and other appliances available direct to patients from the health board, cutting out the pharmacy supply route, has prompted the National Pharmaceutical Association to look into the extent of the problem.

The NPA says such changes in supply arrangements are a nationwide problem, and reflect what is happening in a number of health authority areas where supply arrangements are being determined on the basis of price as opposed to quality of service and patient convenience.

The Association says it is "deeply concerned about the 'drip drip drip' implications of changes to current distribution arrangements", and is considering what action can be taken to address it.

Conferencing facility The NPA is to establish a conferencing facility to run on the 'members only' section of the home page of its Internet site. It will be moderated by a member of staff, and will be launched in April. Subject to demand, the facility may be extended to non-members.

Discount clawback The NPA is concerned about the impact of the increase in the discount clawback from April 1. The increase will come on top of what are, in real terms, successive annual pay cuts for contractors. The NPA is concerned that the increase in the clawback will further demotivate pharmacists and be yet another threat to the community pharmacy network.

The NPA is concerned that existing analgesics stock within the supply chain will not be used up before new regulations restricting pack sizes come into effect in mid-September.

The position has been exacerbated by a relatively mild winter and a depressed market for cold and flu products. At its board meeting last week, the NPA agreed that attempts should be made to establish the true stock position and, if necessary, press for delay in the implementation date of the new regulations.

From September 16, the maximum pack size for solid dose GSL products will be 16 tablets, and the maximum Pharmacy pack size will be 32.

Topical Reflections

A perception that is hard to overcome

There have been some eye-catching, full page advertisements for OTC medicines in the weekend colour supplements, and none more so than one last week for Nurofen Advance.

This is a new formulation, so no complaints on that score. I have been sold my initial stock, so I should be able to satisfy the promised demand. However, there the good news ends because plastered across the top of this advert were the dreaded words: 'New at Boots'.

I should, by now, have grown used to the targeted advertising of major brands, but in this case I am particularly sore. Not only have I invested money in good faith, to find myself 'excluded' from the consumer promotion, but I have also been lulled into a false sense of security by the company's recent excellent service.

Crookes might say, quite rightly, that it had nothing to do with this particular advertisement, and that is the common defence of all companies accused of favouring the multiples. But in this instance the defence looks leakier than usual.

The moral of this tale is that leopards rarely change their spots. The Crookes sales team may be full of very nice chaps falling over themselves to be helpful, but at the end of the day, it is hard to escape the fact that Crookes' holding company is after my business.

I had begun to soften to the guile, but no more. Cuprofen will now reassert its place at the forefront of my ibuprofen display.

Put discount clawback back into practice

It seems that PSNC has been working hard to try to ameliorate the damage of a potentially massive clawback, following the latest discount inquiry (*C&D* February 28, p5). If past history is any guide, the mandarins at the Treasury will have fought tooth and nail for their pound of flesh.

A precedent may have been set, however, by the inclusion within the latest pay review awards for GPs of a £60m bonus fund, to be distributed to those showing a high clinical performance (*C&D* **GP Perspective,** February 28).

I have always complained about the unfairness of a system that claws back discounts while ignoring changes in costs, but if the money has already been spent, as in the case with net ingredient cost, then it could be argued that the 'efficiency savings' identified by the discount inquiry are outside the global sum and could, therefore, be used to fund practice improvements without breaching pay restraint guidelines.

Presently, there are insufficient carrots or sticks to ensure a monitored programme of practice improvements, but savings from discount inquiries could be used to target approved practice development.

Not all pharmacies would gain equally or require resources for the same purpose, but if the money were devolved to local administration and, within strict guidelines, all pharmacies were encouraged to bid, then community pharmacy could, at last, start to assume its full potential as the first line in health provision.

Plugging the gap in the market

Incontinence in general is a particularly sensitive subject, but urinary problems have slowly become more openly discussed. With the wide availability of suitable aids, the condition is now more efficiently managed and less embarrassing for customers.

Faecal incontinence, on the other hand, is still taboo, so I was particularly pleased to read that Coloplast has now extended the availability of its Conveen anal plug for use in the community (*C&D* **Script Specials,** February 28).

The anal plug is only recommended for use after medical assessment, but at £38 for 20, I do not envisage a huge private demand! In any case, I see my role as counsellor and advisor, not as prescriber.

If Coloplast make some sensitively written patient information leaflets available for distribution via the community pharmacist, then I am confident that many more patients will be made aware of a product that could dramatically improve their quality of life.

N IRELAND NOTEBOOK

Diabetic meter wars

The 'meter wars' are in full swing. Johnson & Johnson struck out first with a glucose meter for $4.99, although some multiples seem to be giving it away free. With a pharmacy cashback offer, this was attractive. Did everyone read the small print? It's no wonder that meters were out of stock very quickly! Despite company assurances, stock is still difficult to get. The best offer ever, I thought, then Boehringer hit back with a meter for $0.99. I await with anticipation the Bayer deal.

Aggressive marketing in a quiet market appears bizarre, but it is the first sign that community pharmacy is a new battleground for some pharmaceutical companies. This is very good news.

> We have a powerful resource, the envy of the pharmaceutical marketeers

Traditionally, glucose meters were marketed in hospitals and diabetic nurses got the financial kickbacks. Someone has now woken up to the fact that the community is where the real action is, and that the pharmacist is an important, if not the most important, player in it.

I've been considering the benefits to me. Ensuring that diabetics use meters is no bad thing. Controlling blood sugar is a vital part of reducing long-term complications.

Testing can be painful and patients take a lot of convincing that it is worth the effort and time. Professionally, we should encourage frequent testing. The availability of testing strips on prescription was a step forward, and now we have cheap meters to promote.

One aspect that concerns me is that, by making this offer, some of the companies are getting the names and addresses of diabetics. Pharmacists have access to this database, as all UK diabetics who take any form of medicine are on a pharmacy computer somewhere.

Extending this idea to other patient groups, we have a powerful resource – the envy of the pharmaceutical marketeers. The Code of Ethics does not allow us to sell this information, but nothing should stop us using it to target patient groups to enhance business, increase our professional standing and improve patient care.

Written by a practising Northern Ireland community pharmacist.

In just 15 minutes, customers will be relieved you recommended it.

New Benadryl Allergy Relief (acrivastine) is active in just 15 minutes. Clinical studies confirm that no non-drowsy antihistamine tablet works as fast as Benadryl. Also Benadryl is well tolerated and has an excellent safety profile. Supported by a massive £2.5 million marketing campaign, including national TV and posters, you'll be relieved to know Benadryl will sell as fast as it works.

NO NON-DROWSY ALLERGY TABLET WORKS AS FAST.

tation: Capsules containing 8mg Acrivastine **Uses:** symptomatic relief of allergic rhinitis, including hayfever. Also for allergic skin conditions. **Dosage:** Adults and children 12 years and over one capsule s a day. Not for use in the elderly (over 65 years) or children under 12 years. **Contra-indications:** Not for use in patients with known hypersensitivity to acrivastine or tripolidine or with significant renal ment. **Precautions:** Avoid alcohol and potentially sedating medicines. Caution during pregnancy. **Side and adverse effects:** Reports of drowsiness are extremely rare **RSP (ex VAT):** 12s £3.40, 24s £5.95 category: P. Further information is available from: Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. Product licence number 15513/0035 **Date of revision:** January 1998

Multi-dose injection pen

Schering-Plough has launched Intron A and Viraferon in multi-dose injection pens to make it easier for patients to self-administer. Each pen contains a pre-filled multi-dose cartridge which delivers accurate doses using a simple dial mechanism. The pens need to be stored in the refrigerator.
Schering-Plough Ltd. Tel: 01707 363636.

Ortho diaphragms

FP Sales still has stocks of Ortho White Flat Spring Diaphragm in all sizes, despite the line having been discontinued a few months ago. The diaphragms are on offer at a special price of £5.00 each excluding VAT.
FP Sales Ltd. Tel: 01865 749333.

New strength Calcort

Shire has launched Calcort (deflazacort) in a new 1mg tablet (basic NHS price £10 for 100).
Shire Pharmaceuticals Ltd. Tel: 01264 333455.

Bartholomew Rhodes changes

Bartholomew Rhodes has reformulated its enteric coated aspirin 300mg using fewer organic solvents and improving the tablets' appearance. Its beclomethasone diproprionate aqueous nasal spray has been renamed Beclo Aqua 50 as well as being reformulated and repackaged.
Bartholomew Rhodes. Tel: 01604 882626.

Tegretol and Melleril packs

Tegretol (carbamazepine) 100mg and 200mg will only be available in 84-tablet packs in the community: the 500-tablet packs are now restricted to hospital. Melleril (thioridazine) is also being repacked into 84-tablet packs over the next two months. The basic NHS prices for the new packs are: 25mg, £1.52; 50mg, £2.95 and 100mg, £5.70.
Novartis Pharmaceuticals UK Ltd. Tel: 01276 692255.

Hansam gets Pro-Banthine

Hansam Healthcare has acquired Pro-Banthine Tablets (propantheline bromide 15mg) from Norton Healthcare. Orders should now be placed with distributor Farillon Ltd.
Hansam Healthcare Ltd. Tel: 0171 732 0776.

New option for tackling narcolepsy

Provigil (modafanil), a new treatment for narcolepsy, offers sufferers a non-amphetamine alternative with fewer side effects.

Narcolepsy is a disorder characterised by excessive daytime sleeping, commonly accompanied by waking episodes at night. Around 2,500 people in the UK are being treated for narcolepsy but it is thought that many more remain undiagnosed.

The characteristic 'sleep attacks' which can occur without warning can make simple tasks like driving or operating machinery very difficult, as well as causing problems at school or at work. Other symptoms such as cataplexy – a sudden loss of muscle tone – can result in the patient collapsing and sustaining an injury.

Until now the only effective treatments were CNS stimulants such as amphetamine and methylphenidate which are associated with problems of anxiety, psychosis, tolerance, addiction and rebound hypersomnia.

Provigil is a selective wake promoting agent which has been shown to significantly reduce sleepiness and increase alertness during the day, without adversely affecting night-time sleep. It is also well tolerated with a low incidence of side effects and little potential for abuse. Its exact mechanism of action is unknown, but it does have a more localised action than amphetamines, acting primarily in the hypothalamus – an area of the brain thought to be responsible for wakefulness.

The recommended dosage is 200-400mg daily in two divided doses in the morning and not later than noon, or as one single dose in the morning.

Provigil interacts with oral contraceptives, tricyclic antidepressants and anticonvulsants. Contraindications include pregnancy, moderate to severe hypertension, arrhythmia and chest pain.

Provigil 100mg tablets are available in packs of 30 at a basic NHS price of £60.
Cephalon UK Ltd. Tel: 01483 453360.

Omeprazole now indicated for use in children

Losec (omeprazole) has been granted a licence for use in children with severe ulcerating reflux oesophagitis.

Treatment should be initiated by a hospital paediatrician in children with endoscopically documented oesophagitis. The recommended dose for healing and symptom relief is 0.7-1.4mg/kg/day to a maximum of 40mg/day and for a treatment duration of 4-12 weeks. Capsules can be opened and granules mixed with fruit juice or yoghurt and taken immediately.

Around 65 per cent of children will experience pain relief with these doses and 72 per cent of children will experience healing. Children with an increased risk of severe ulcerating oesophagitis include those with cerebral palsy and cystic fibrosis.

MEDICAL MATTERS

Risk of aplastic anaemia with ocular chloramphenicol negligible, says study

A review of two international case-control studies on aplastic anaemia has found no evidence of an increased risk with ocular chloramphenicol use.

The paper published in the *British Medical Journal* reviewed data representing a total population of 40 million people. More than 400 cases of aplastic anaemia were identified but none of them had a history of chloramphenicol eye drop use.

Another study published in the same issue of the *BMJ* used the British general practice data base to identify patterns of chloramphenicol eye drop use and consequent risk of aplastic anaemia and other haematological toxicities.

They identified all patients who had received at least one prescription for the eye drops between 1988 and 1995. Patient records were then investigated for any new diagnoses of haematological toxicities made up to 90 days after the prescription. More than 442,543 patients were shown to have received more than 674,148 prescriptions for chloramphenicol eye drops. Three of these patients were identified with serious haematological toxicity.

They concluded that the link between haematological toxicity and chloramphenicol is weak and may be due to other causes. Chloramphenicol for eye infections is safe, effective and cheap and recommendations to avoid use because of such toxicity risks are not well founded.

MMR vaccination not yet linked to new paediatric syndrome

Researchers may have identified an association between the development of autistic behaviour and inflammatory bowel disease in children. However, no links as yet have been made between the latter and MMR vaccination.

Last week's report in the *Lancet* caused a wave of media interest. However, the researchers at the Royal Free Hospital in London stressed that the link between the MMR (measles, mumps and rubella) vaccine and the syndrome's symptoms had not been proved yet and that virological studies were underway. Since the paper's publication, they have assessed a further 39 patients.

Initially, researchers examined 12 children (mean age six years) with chronic enterocolitis and regressive developmental disorder syndrome. In eight cases, parents associated the onset of behavioural symptoms with MMR vaccination while in one, onset was associated with measles infection and in another, with otitis media. All 12 children had gastrointestinal abnormalities ranging from lymphoid nodular hyperplasia to aphthoid ulceration. The authors say previous studies have found intestinal dysfunction in children with autistic-spectrum disorders, suggesting the connection is real and reflects a unique disease process.

The Department of Health has advised parents to continue to vaccinate their children.

Power Performance Profit

"The most effective products still carry that magic 'P' in the corner"

Xrayser, C&D, 1 November 1997

And the most exceptional of these become unrivalled market leaders - like IBULEVE.

'Pharmacy Only' brands give Pharmacies the Power to compete with mass retailing. P lines deliver high Performance to improve customer loyalty and increase your Profits.

IBULEVE has transformed Pharmacy business in topical pain relief, like no other Product. A sensationally successful brand backed by sustained heavyweight Promotion.

IBULEVE is exclusively yours to sell.

IBULEVE. Brand leader with a Passion

COUNTERpoints

New Insignia has younger appeal

Dana will be relaunching its Insignia male toiletries range on April 1.

The brand, which was purchased from Procter & Gamble last year, is being repositioned to attract 11-19-year-olds.

Each fragrance in the range is designed to reflect the wearer's personality. The six variants are i relax, i live, i care, i do, i contact and i am.

The range has been extended to include deodorising body spray, antiperspirant deodorant spray and roll-on, shower gel, muscle bath soak, eau de toilette, aftershave lotion, aftershave gel, aftershave balm and moisture lotion.

Packaging focuses on the new 'i' logo and branding is understated.

Retail prices range from £2.25 for the body spray (150ml) to £6.95 for the eau de toilette (100ml).

The brand will be supported by TV, cinema and outdoor advertising.

Dana UK Ltd.
Tel: 0181 607 6500.

Bathing beauties are Taylor-made

Fine Fragrances & Cosmetics is launching an aromatherapy collection of bath and body products in its Taylor of London range.

Designed to stimulate the senses, Sensual Aromatherapy comprises three variants of Bath & Shower Gel and Body & Massage Lotion.

Distinctive coloured glass bottles reflect the therapeutic quality of each herbal blend – purple for Liberation (relaxing), orange for Exhilaration (exhilarating) and green for Inspiration (uplifting).

Retail price is £6.95 for all products (200ml).

Fine Fragrances & Cosmetics Ltd.
Tel: 0181 979 8156.

L'Oréal strengthens its Elvive range

L'Oréal is adding a new collection of styling mousses with Ceramide R, and three new 2 in 1 revitalising shampoo and conditioner products, to its Elvive hair care range.

The new styling mousse has been developed to help strengthen as well as style the hair.

Elvive Freestyle Styling Mousse with Ceramide R is formulated to give stronger, thicker and fuller hair. Elvive Freestyle Styling Mousse with Kera-Protein is especially for permed or damaged hair.

Both mousses are available in Natural Control, Firm Control and Extra Firm Control. Prices are £1.99 (100ml) and £2.99 (200ml).

Elvive 2 in 1 shampoo and conditioner is available in three variants to suit different hair types.

Ceramide R is for fine, thin or fragile hair, Kera-Protein is for dry, permed or colour treated hair and Nutri-Vitamins is for normal hair. Retail price is £2.19 (200ml).

L'Oréal
Tel: 0171 937 5454.

Bright outlook for nails this summer

Miners Cosmetics is launching 12 brilliant new shades in its nail polish range for summer.

Miners Extreme Nail Polish colours feature bright holiday shades including sunshine yellow, azure blue and a deep fuchsia red.

The collection also includes three shades of lavender and a two-tone pearly cream.

Retail price is £1.75.

Miners International Ltd.
Tel: 01264 350379.

Philips total hair removal system

Philips is introducing a total depilation system which includes two of its products in one pack.

Available from April, the new set comprises the Philips Ladyshave Wet & Dry HP 2710 battery shaver and the Philips Sensitive mains epilator HP 6414.

The Sensitive epilator features a pain reduction system to make it comfortable to use and it has a 90 day money-back guarantee. The Wet & Dry model in this pack is styled to match the Sensitive.

The two models are presented together in an attractive pouch. The twin pack retails at £54.99, making a saving on the individual prices of the two products.

Philips Domestic Appliances and Personal Care.
Tel: 0181 689 2166.

Manicare is at your fingertips

Laughton has added a collection of new products to its Manicare nail care range.

The new additions include two nail buffers – Maxi Buffer (rsp £3.49) and Chamois Buffer (£4.39). The Chamois Buffer comes with polish which is applied to the nail and buffed to achieve a high gloss finish.

Other new products are Mini Nail Shaper (£0.99) and Long Lasting Emery Boards (£0.99 for five).

The Manicare range will be supported by advertising in women's magazines from April. The campaign has been timed to support the launch of the range in 200 Superdrug stores.

Laughton & Sons Ltd.
Tel: 0121 436 6633.

Rimmel's whiter shade of pale

Rimmel International is launching a collection of white cosmetics for the spring.

The Freeze collection includes white shades of Iridescent Loose Powder (£3.99), Eye Spy (£1.79) Soft Kohl Pencil (£1.79), Endless Lash Mascara (£2.69), Rich Moisture Lipstick (£2.39) and Rich Colour Nail Polish (£2.19).

The collection is available for a limited period only.

Rimmel International Ltd.
Tel: 01233 625076.

Bottle of bubbly in Palmolive range

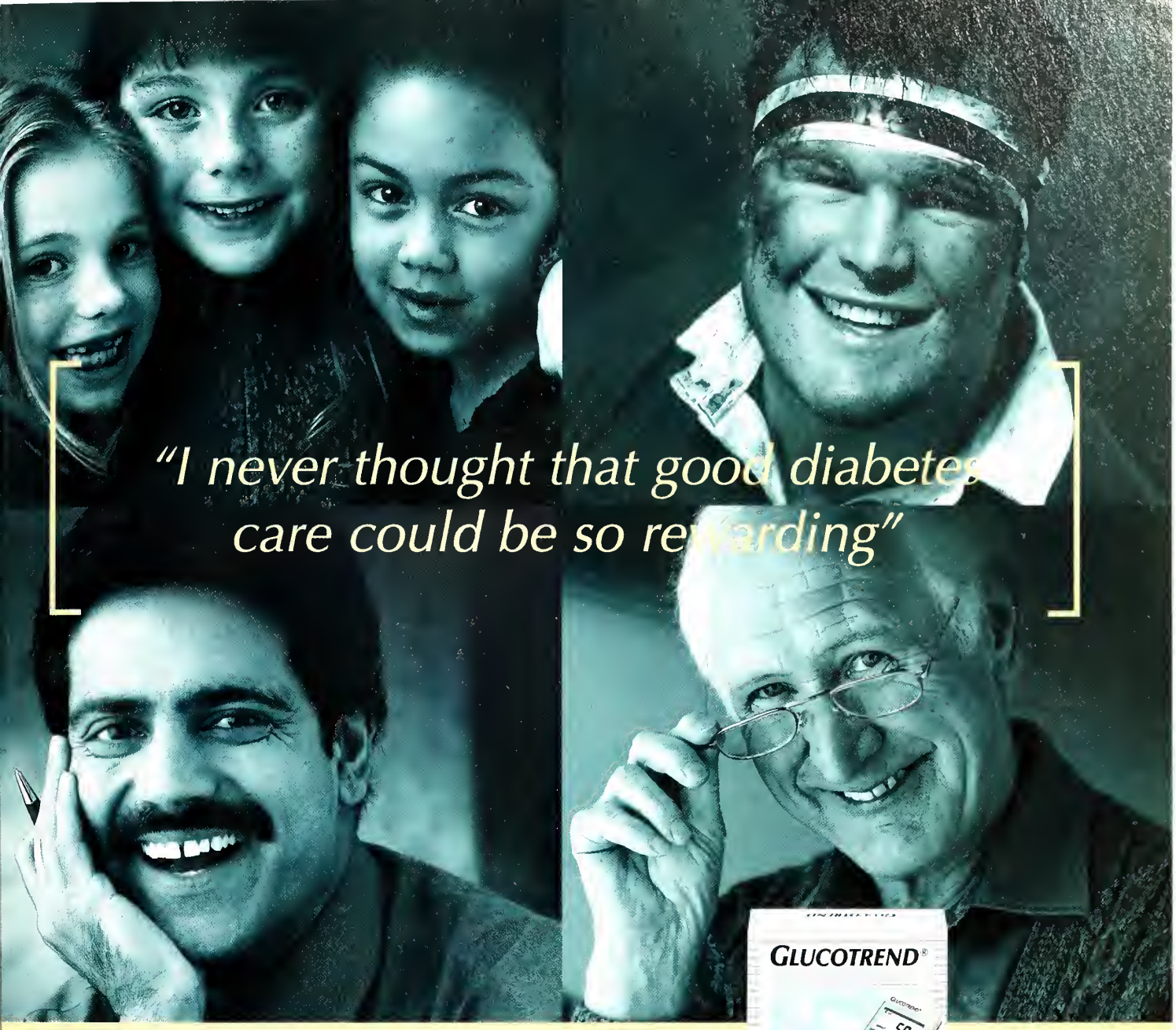
Colgate-Palmolive is targeting women who are interested in skin toning and hydration with its new bath foam.

Palmolive Hydrating Foam Bath with Moisture Reservoirs is enriched with marine extract, sea minerals and oils.

The product is designed to leave the skin toned, hydrated and soft.

Containing visible 'moisture' bubbles, it is presented in a clear 500ml bottle which retails at £2.49.

Colgate-Palmolive (UK) Ltd.
Tel: 01483 302222.



Virtually pain-free testing

The Glucotrend Soft Test System is the only blood glucose monitoring system that offers your patients Virtually Pain-free Testing. This is achieved by the combination of the low blood volume, low pain Softclix II lancing device and the highly accurate and easy to use Glucotrend meter. Boehringer Mannheim is your professional partner in diabetes care, and is the leading provider of glucose monitoring products and services. Boehringer Mannheim is committed to supporting you with an extensive advertising and promotional campaign to diabetic patients and healthcare professionals alike.

For further information call FREEPHONE 0800 701000 today
www.boehringer-mannheim.com

mannheim boehringer

B[illegible] M[illegible]

GLUCOTREND®
Soft Test System

Prevail looks to the stars

Prevail is a new range of incontinence pads for women, which uses the same technology as the pads made for NASA astronauts.

Each pad is contoured and has elastic gathers for improved comfort and fit. The pads are also individually wrapped.

The Prevail range includes day-time pads in three absorbencies and super absorbency guards for night-time use. All packs retail at £4.99.

First Quality International, who is introducing the range from the US, will be spending £200,000 on a trade and consumer press campaign, which includes a money-back guarantee against leakage. Sampling is also being planned.

Rand Rocket will be handling the distribution of the range.

The company plans to target the one in three women who suffer from stress incontinence and who rely on sanitary towels. The market is estimated to be worth up to £60m in this country.

First Quality International. Tel: 01753 705 123.

Cutting edge

Wilkinson Sword is supporting its FX Performer razor with a £2m TV campaign targetting 16-34-year-old men.

Wilkinson Sword Ltd. Tel: 01670 713421.

Over 50s can live life to the full

Whitehall Laboratories is supporting its Centrum Select 50+ multimineral multivitamin supplement with a new TV campaign targeted at the active 50 plus generation.

The commercial shows a man over 50 working in his garden, while listening to a personal stereo. The music playing is the 60's track 'Purple Haze' by Jimi Hendrix.

The 'hero' is so inspired by the music that he uses his spade as an air-guitar and acts as if he's performing at a rock concert. His wife then joins in by using the garden rake as a microphone. The strapline is 'Live life 100 per cent'.

The commercial is part of a £1.5 million advertising campaign for the brand this year.

Whitehall Laboratories Ltd. Tel: 01628 669011.

Getting all dressed up for nothing

Unipath has introduced a new merchandising initiative to support its Persona contraceptive.

Independent pharmacies are being invited to apply for their windows to be dressed by a professional merchandiser, free of charge.

All retailers who respond to the offer by March 16 will be entered into a draw and the first 50 applicants will qualify to have their windows dressed.

A free merchandising kit for Persona includes showcards, window banner, door sticker, shelf edger and leaflets with a dispenser.

Unipath Ltd. Tel: 0800 267448.

Seton's Cuprofen now in gel form

Seton Healthcare has added a gel formulation to its Cuprofen range.

Cuprofen Gel contains 5 per cent ibuprofen and is indicated for the relief of rheumatic pain and the treatment of muscular aches and pains.

Cuprofen Gel comes in 30g and 50g tubes, retailing at £3.19 and £4.49 respectively.

Seton Healthcare Group plc. Tel: 0161 654 3000.

Imodium takes advantage of P to GSL switch with single dose pack

Johnson & Johnson MSD has taken advantage of the P to GSL switch of loperamide by introducing one-dose packs of Imodium.

The single dose packs, retailing at £1.00, contain two 2mg loperamide capsules. They are available GSL and can be self-selected from a specifically-designed shelf unit.

A 16-page consumer educational guide has been produced and it can be displayed within the shelf unit.

The company is also planning an intensive educational campaign, which includes promotional packs, to attract a proportion of the 45 per cent of diarrhoea sufferers who currently do not treat the condition.

Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.

Licensed echinacea from Potter's

Potter's Elixir of Echinacea has become the UK's first licensed liquid formulation of the herb.

Elixir of Echinacea (100ml, £9.49) helps stimulate the immune system to fight back against a variety of infections. It contains *Echinacea angustifolia* (cone flower), *Baptisia tinctoria* (wild indigo) and *Fumaria officinalis* (fumitory) in a pleasant liquorice-flavoured base.

The adult dose is 5ml three times a day. It is suitable for children over eight for mild eczema, and for children over 12 for acne and catarrh, at a dose of 5ml every 12 hours. The elixir is not recommended in pregnancy.

Potter's Elixir of Echinacea can be prescribed on the NHS.

Potter's (Herbal Supplies) Ltd. Tel: 01942 234761.

P&U expands market by increasing awareness of IBS

Colpermin, brand leader in the OTC irritable bowel syndrome sector, will receive a massive support programme in 1998.

Pharmacia & Upjohn Consumer Healthcare aims to grow the category and increase Colpermin's share with a £1.5 million consumer advertising campaign, highlighting Colpermin's unique formulation.

Pharmacy initiatives include a training programme and support materials, as well as an IBS/Colpermin/Pharmacy staff learning programme.

Special deals for pharmacists include a 24 for 20 offer on the 20s pack yielding a POR of 44.4 per cent, and point of sale material including consumer leaflets to increase awareness of IBS as well as Colpermin.

The company's plans for 1998 involve aiming its activities at the undiagnosed sufferer.

Pharmacia & Upjohn. Tel: 01908 661101.

Best buys ...

... from AAH Pharmaceuticals for March are Gillette Contour razor cartridges and the Sure range of antiperspirants. Other discounted lines include Movelat Relief cream and Clairol Nice 'n Easy hair colour.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

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Updated APD stick is soft touch

Colgate-Palmolive has relaunched its Soft & Gentle Smooth Solid antiperspirant stick.

The product now features rounded surfaces to make it easier to apply. A redesigned dial at the pack base helps to control the application, avoiding mess and wastage.

The updated pack is slightly taller than its predecessor. A 'new comfort top' flash on the lid highlights the enhanced benefits.

Retailing at $1.89 (45g), the product comes in three variants – Lights, After House and Coral.

The brand will be supported by a $4 million spend, which includes a spring TV campaign featuring Smooth Solid.

Colgate-Palmolive (UK) Ltd.
Tel: 01483 302222.

Colgate mouth rinse giveaway

Colgate Oral Pharmaceuticals is giving away a free case of its Chlorohex 2000 mouth rinse to 500 *C&D* readers.

Pharmacists can apply for a free case (worth $23.24, rsp), by completing the form attached to the bottle leaflet inside this issue.

Available on prescription, the product contains 0.2 per cent chlorhexidine gluconate and has a pleasant minty taste.

It can be recommended for such conditions as the treatment of common mouth ulcers, denture sore mouth and oral thrush. It is also suitable for customers who have had oral surgery.

This offer is only open to registered pharmacists.

Colgate Oral Pharmaceuticals.
Tel: 01483 464587.

Listerine tooth fairy is back on TV

Warner Lambert is supporting its Listerine Antiseptic Mouthwash with a $2 million TV campaign from March 9 until September.

Building on last year's 'tooth fairy' campaign for the brand, the commercial features comedian Keith Allen as an unemployed and disgruntled tooth fairy.

The tooth fairy has been made redundant by Listerine's success in fighting the plaque – which causes gum disease, by twice daily rinsing after brushing.

Warner-Lambert Consumer Healthcare.
Tel: 01703 641400.

Fujifilm gets on the ball with McDonald's for the World Cup

Fujifilm is linking up with McDonald's in a nationwide World Cup promotion aimed at children.

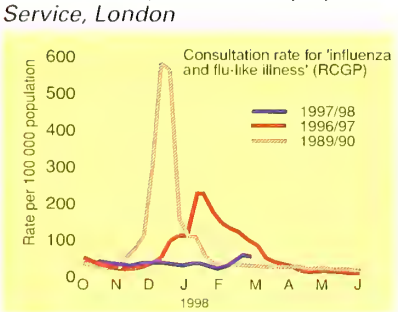
The competition, which promotes Fujifilm's new Fujicolor Superia film range and the QuickSnap single use camera, will run throughout March and April.

Fuji Photo Film (UK) Ltd.
Tel: 0171 586 5900.

Flu Monitor

PHLS

Information updated weekly by the Public Health Laboratory Service, London



Flu-like illness affecting children more than adults

Influenza virus activity is at levels slightly above baseline in most regions. Consultation rates suggest that young children are affected most.

In the sentinel GP scheme in England, consultation rates for flu and flu-like illness have fallen back slightly from last week's figure of 76 per 100,000 to 65 (for the week ending February 22). Overall, the rate is within the range of normal seasonal activity but, as in recent weeks, more consultations are with children under five (127 per 100,000) and the lowest in adults aged 65 years and over (34 per 100,000).

In Wales, consultations for 'flu' also decreased slightly, in week 8, to 11.1 per 100,000, within the range of baseline activity. The sentinel GP scheme in Scotland now shows flu-like illness to be within the range of normal seasonal activity at 118 consultations per 100,000 population, up from 75 per 100,000 in week 7. Lab reports to CDSC of influenza A numbered 89 in week 9 (ending February 27), compared to 71 the previous week.

Elsewhere in Europe, many countries are reporting increasing influenza A activity. Details can be found on the Internet at *http://www.eiss.org/*

Data from the PHLS (Communicable Disease Surveillance Centre, Virus Reference Division, CDSC Welsh Unit), the RCGP and Scottish Centre for Infection and Environmental Health

ON TV NEXT WEEK

Askit: GTV, STV, C4, GMTV
Clearblue Home Pregnancy Test: G, C, LWT, CAR, C4, Sat
Colgate Total: All areas
Corn Silk range: ITV, C4
Covonia: GMTV
Imodium: All areas
Listerine antiseptic mouthwash: All areas
Macleans total clean toothpaste: GMTV, STV, B, C, A, HTV, W, M, LWT, TT, Sat
Nurofen: All areas except U & Sat
Nytol: All areas
Nytol Herbal: All areas
Otex: C4, LWT
Oxy: All areas except U, LWT, CAR, GMTV
Pearl Drops: C4, C5
Poli Grip: All areas except CTV, W, LWT, GMTV, TSW, Sat
Propain: All areas except GTV, U, CTV, W, CAR, TSW
Sensodyne toothpaste: All areas
Setlers: All areas
Seven Seas extra high strength cod liver oil: C4
Slim Fast: All areas
Slumber Cup: C, LWT
Solpadeine: STV, C, HTV, CTV, M
Vicks New Vaposyrup: GTV, STV
Wella Experience: Sat
Wella Shock Waves: Sat
Wilkinson Sword FX Performer: GTV, U, STV, Y, C, A, M, LWT, TT, C4, Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TSW** TV South West, **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

PHARMACY update

Standards of pharmacy practice
The laws, ethics and implications of maintaining good standards of pharmacy practice *I*

Responding to thrush
Responding to the symptoms of vaginal and oral thrush in the pharmacy *V*

Raising the standard

Shabby pharmacists and dilapidated pharmacies can reflect badly on the whole profession. Ruth Rodgers, an independent consultant, formerly of the Royal Pharmaceutical Society's law department, outlines how standards can be maintained

An individual's business priorities may well be at variance with those put forward by a governing body

There is a common theme to statements heard when it is suggested that the standards of a pharmacy are falling below par. "I didn't spend four years qualifying as a pharmacist to find someone telling me to spend time cleaning and tidying up", or "Times are hard and there is insufficient money to spend on new fixtures and fittings", and "A refit is out of the question".

What does the word 'standard' mean? According to The Concise Oxford Dictionary, a standard is defined as 'the measure to which others conform, or by which the accuracy or quality of others is judged'.

Laws and ethics

For many years, pharmacy was practised without any standards having been laid down. Practitioners generally adhered to the standards of the time, many of which were rigidly based on Quaker and Victorian ethics. As is human nature, though, many took advantage of the situation and adopted the minimum standards that they could get away with, often selling very poor or 'quack medicines' to customers who knew no better and could hardly afford them.

Improved medical and pharmaceutical knowledge of practices to better safeguard the welfare of the general public was not often adopted voluntarily. In many circumstances, it was only the introduction of legislation which brought about the improvement required.

Over the years, legislation has been introduced to govern the industrial manufacture of pharmaceutical products, entry into the profession and ownership of retail pharmacy businesses, but none of the laws are directly related to standards of practice. Section 66 of the Medicines Act 1968 would cover these, but regulations have never been, and are unlikely ever to be, made to enable its enforcement.

Other legislation has also been adopted which relates to retail premises, although this is not necessarily specific to community pharmacy. In general, those matters covered by legislation are adhered to perhaps because the law is seen as black and white and there is greater fear of the repercussions of any failure.

Instead of law, standards of practice are set out as professional requirements. The first statement of professional conduct was put forward by the Pharmaceutical Society in 1939; a number of revisions followed until it was re-titled as the Code of Ethics in 1984.

Pharmacy standards

For the purpose of this article, the term 'pharmacy standards' relates to the physical standards of premises from which the profession is practised. It also includes the standards of practice in relation to the provision of specific services, and the personal standards of individual pharmacists. However, it is the standards of premises which draw most attention and upon which this article will concentrate.

Professional standards are a particularly complex and difficult subject. Each practitioner will have his or her own views about what should be considered an acceptable standard. In addition, the priorities of an individual in his or her own business may well be at variance with those put forward by a governing body, causing him to ignore the requirements.

It is also clear that the standards laid down are developed from a broader knowledge base than the individual pharmacist has access to. These should, therefore, be able to take into account possible pitfalls and problems which it may not have been possible for an individual to foresee. It is naive for the individual to

Continued on PII ▶

Table 1: Common areas of concern

- failure to provide sufficient sinks
- no hot water supply
- out of date pharmaceuticals and patient-returned medicine amongst current stock
- no maximum/minimum fridge thermometer
- dirty toilet facilities
- pregnancy testing carried out in the dispensary
- state of repair especially floor coverings and ceilings
- inadequate waste disposal facilities
- general cleanliness

Table 2: Implications of poor standards

- risk of deteriorated products being supplied
- increased risk of contamination
- potential sources of error
- stock wastage/profits loss
- loss of sales
- risk of increased competition
- disciplinary action

◀ *Continued from PI*

believe that he or she knows all there is to know and then to take no notice of guidelines issued.

Pharmacy practice is constantly changing, with additional services being offered from existing premises, new technology and emphasis on traditional roles and ownership changes. It is not surprising, then, that the number and variety of standards imposed and enforced are increasing.

Standards of premises

Any pharmacist who has spent time as a locum will have horror stories to tell about the poor standards of some premises they have worked in. Toilets and staff facilities (or lack of them) are particularly picked out for criticism but cramped, overstocked and disorganised premises figure high on the list of complaints.

It is not only locum pharmacists who appreciate finding good standards in retail pharmacies. Customers rely on the pharmacist, as a professional person, to ensure that any supplies, purchases and advice about medicines are as safe as possible.

Customers are becoming more sophisticated in their expectations of retail premises. They are used to the standards of stores operated by large multiples who have millions of pounds to spend on updating images, and refitting with modern, expensive fixtures and fittings.

Common excuses given for poor standards are insufficient funds and/or time. However, when faced with appearing at a Statutory Committee inquiry into the state of premises, a surprising amount of money and time can often be found to enable a complete refurbishment. This is seen even on occasions when all that was required was cleaning, decorating and making good existing fixtures and fittings.

Yes, it would be nice if all pharmacies could be fitted out with the latest storage equipment, but this is not the standard laid down by the Society. It is far more important that a pharmacist's duties are done in a clean and orderly environment in which the likelihood of any error, contamination or harm occurring is reduced to a minimum.

Poor standards are usually not deliberately created; more likely they have evolved over a period of time. A number of small items, each not a major problem in themselves, may add together to produce a far from satisfactory end result.

In the past five years, the Statutory Committee has held inquiries into 14 cases in which part, if not the whole, basis for the complaint related to the standards of the premises in which the pharmacist practised. A third of these resulted in the pharmacist concerned being struck off the Register, with the remainder receiving a reprimand. Many cases of a less serious nature are dealt with by the Society's inspectorate and are resolved without the need for such severe action (Table 1).

In June 1993 the RPSGB published a proposal to set up a standards tribunal to deal with cases of breaches of acceptable standards. It is now likely that this proposal will be incorporated in the overall review of the Society's disciplinary legislation as outlined by the RPSGB Council in 1997.

Implications

The key principle of pharmacy practice is a concern for the welfare of patients and members of the public. It should, therefore, go without saying that any practice which may result in harm is unacceptable. The standards laid down in the Code of Ethics are the minimum accepted standards and not an average, meaning that all the standards laid out should be achieved. It is not good enough to exceed with some but fall short on others. Many are, after all, common sense as far as health and safety, if not good management, are concerned.

What are the implications of failure to reach an adequate standard? From the patient's point of view a dirty, untidy or disorganised dispensary increases the risk of medicinal products, which have deteriorated, being sold or supplied through poor storage or failure to eliminate out of date stock. Fixtures that are difficult to clean and practices where stock becomes muddled together, especially when it is no longer in the manufacturer's container, can result in a greater risk of contamination of products and these are also potential sources of error.

As far as the owner of the business is concerned, the risks include increased stock wastage due to deterioration or damage from adverse storage conditions, eg damp, heat or sunlight. A further problem causing stock wastage is lack of stock rotation, which often results in products going out of date. This is compounded by poor stock control and purchasing, since it is obviously more difficult to deal effectively with large quantities of stock.

Another factor to consider is that customers will not part with their money to purchase tatty looking products, nor will they often be prepared to rummage through poorly presented stock to find what they want. If products are not visible or are displayed in a manner which enhances their desirability or worth, then sales will be lost. For example, few would expect to find fine fragrances in a shop where the front fascia is grubby and peeling, and the

Continued on PIV ▶

Table 3: Remedies

- look with 'fresh eyes'
- introduce regular housekeeping rotas
- stock review and control purchasing
- prepare and budget for re-investment
- staff training and management skills

Table 4: New additions to the Standards of Good Professional Practice (appendix to the Code of Ethics)

- collection and disposal of pharmaceutical waste by community pharmacies
- provision of needle and syringe exchange schemes
- provision of domiciliary oxygen services
- home delivery of medicines
- provision of instalment dispensing services
- provision of services to nursing and residential homes
- the sale of non-prescribed medicines

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of **Genus Pharmaceuticals**, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the April 11 issue, which will cover this week's CPP-accredited modules, together with those in the March 21 issue.

The MCQ paper for the February modules will be enclosed in next week's *C&D* covering:

- Mouth care (1080)
- Mental health (1081)
- Anticoagulants (1082).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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Detrusitol™▼ Abbreviated Prescribing Information. Presentation: *2 mg tablet*: white, round, biconvex, filmcoated tablet (engraved with arcs above and below the letters DT) containing tolterodine L-tartrate corresponding to 1.37 mg tolterodine. *1 mg tablet*: white, round, biconvex, filmcoated tablet (engraved with arcs above and below the letters TO) containing tolterodine L-tartrate corresponding to 0.68 mg tolterodine. **Indication**: For the treatment of unstable bladder with symptoms of urgency, frequency or urge incontinence. **Dosage**: **Adults**: 2 mg bd except in patients with impaired liver function where 1 mg bd is recommended. The dose may be reduced to 1 mg bd if side-effects are troublesome. Review after 6 months. **Children**: Not recommended. **Contraindications**: Patients with urinary retention, uncontrolled narrow angle glaucoma, myasthenia gravis, known hypersensitivity to tolterodine or excipients, severe ulcerative colitis or toxic megacolon. **Precautions & interactions**: With caution in patients with significant bladder outlet obstruction at risk of urinary retention, gastrointestinal obstructive disorders, renal disease, hepatic disease (see dosage), autonomic neuropathy or hiatus hernia. Organic reasons for urge and frequency should be considered before treatment. Concomitant treatment with potent CYP3A4 inhibitors, such as macrolide antibiotics (e.g. erythromycin) or antifungal agents (e.g. ketoconazole) should be avoided until further data are available. The ability to drive and use machines may be affected by visual accommodation disturbances. A more pronounced therapeutic effect and side-effects may be seen if used with other drugs that possess anticholinergic properties. Muscarinic cholinergic receptor agonists may reduce the effect of tolterodine, whereas tolterodine may reduce the effect of metoclopramide and cisapride. Pharmacokinetic interactions are possible with other drugs metabolised by or inhibiting cytochrome P450 2D6 (CYP2D6), or CYP3A4. No interactions seen with warfarin or combined oral contraceptives (ethinyl estradiol/levonorgestrol). No clinically significant interaction with fluoxetine. **Pregnancy & lactation**: Until more information is available tolterodine should not be used during pregnancy or lactation. Women of fertile age should be using adequate contraception. **Side-effects**: Those reported include *common (>1/100)* dry mouth, dyspepsia, constipation, abdominal pain, flatulence, vomiting, headache, xerophthalmia, dry skin, somnolence, nervousness and paresthesia, *less common (>1/100)* accommodation disturbance and chest pain; *uncommon (1/1000)* allergic reactions, urinary retention and confusion. **Overdose**: In the event of tolterodine overdose, treat with gastric lavage and give activated charcoal. Treat symptomatically. **Legal category**: POM **Pack sizes**: Detrusitol 2 mg and 1 mg in cartons of 56 containing 4 blister strips of 14 tablets each. **N.H.S. Price**: Detrusitol 2 mg (56) £32.00, Detrusitol 1 mg (56) £28.80. **Marketing Authorisation numbers**: Detrusitol 2 mg tablets PL 0032/0223; Detrusitol 1 mg tablets PL 0032/0222 **Marketing Authorisation Holder**: Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes MK5 8PH, UK. **Date of Preparation**: February 1998.

References: **1**. Nilvebrant L et al. Eur J Pharmacol 1997; 327:195-207. **2**. Malone-Lee JG et al. 27th Annual Meeting of the International Continence Society (ICS), 1997, Yokohama, Japan (Study 012). **3**. Abrams P et al. 92nd Annual Meeting of the American Urological Association (AUA), 1997, New Orleans, USA (Study 008).

Good stock control ensures products do not deteriorate or go out of date

◀ *Continued from PII*

window display is tired and littered with deceased insect life, let alone would they want to pay the considerable sums which such products demand.

The window and fascia are the greatest advert for any retail business and yet this area of the premises is frequently overlooked or ignored. It is hard to measure the number of sales lost because of this, mainly because the potential customer is put off before even entering the shop.

Consequently, this makes life much easier for competitors, particularly those located in modern environments such as those found in supermarkets. The same principles extend to pharmaceutical products with patients associating these with the semi-clinical environment often found in the larger multiples.

Remedies

It was stated above that poor standards are not deliberately created. It is true that familiarity with something means that it ceases to be noticed and this is very much the case with retail pharmacy, particularly as the pharmacist spends most of his/her time tucked away in the dispensary. Quite often they enter the shop through a rear entrance and, in doing so, are deprived of a look at the street view and an opportunity to notice any matters requiring attention.

Perhaps the most important thing to do is to spend some time, every so often, looking at the premises with 'fresh' eyes, perhaps even recruiting the assistance of an acquaintance who can be relied upon to tell the truth about what is seen.

Such a 'look' should start from across the road and gradually progress through the premises, noting down every item that needs attention or is looking shabby or jaded. This list can then form the basis for a regular cleaning or housekeeping rota for implementation by staff. Be warned, though, giving staff a list will not ensure that it is adhered to, so it is essential to check that this is happening.

Also highlighted will be areas requiring maintenance expenditure. These will, hopefully, be noticed early enough to allow them to be incorporated into the business budget. Nothing lasts forever, so it is important to recognise that the fabric of any premises requires continual re-investment to prevent deterioration. This might mean planning to redecorate every three to four years, or a major refurbishment every ten to 15 years.

Stock inventory and control of purchasing, along with a good standard of maintenance, are also vitally important. Yes, these are management issues, but so are many of the other points covered in this article. It is not acceptable to claim that the pharmacist's place and concerns are in the dispensary. In general, staff will follow the lead given to them, so if standards are lacking in leadership, they will certainly not originate from the shop floor.

Specific services

Seven new standards (listed in Table 4) were added to the Code of Ethics last year, which relate to specialised areas of practice. These acknowledge and reflect the changes that have been occurring in retail pharmacy in recent times and also signify those practices which may be associated with problems. It is not part of the scope of this article to discuss these further.

Summary

Over the years, standards of pharmacy premises and practice have improved considerably, although in some areas it is clear there is still room for improvement. Measurement of standards remains difficult due to the subjective nature of many aspects. However, a survey into services and standards of community pharmacy, conducted by the Society's Inspectorate in 1996, was reported last year as providing a baseline from which future development could be measured. The results of the next survey will no doubt make interesting reading.

A *Candida* look at thrush

Candida infection is responsible for oral and vaginal thrush and some cases of nappy rash. Derek Balon, community pharmacist and King's College London lecturer, reports on the infection

Candida thrush infections can take place around the nappy area

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OBJECTIVES

- To be aware of the conditions resulting from *Candida* infections
- To understand the pathophysiology of *Candida* infections
- To recognise the symptoms of thrush
- To be aware of the drug and non-drug management of vaginal and oral thrush

Thrush is a term used to describe an infection caused by an overgrowth of *Candida* species (*albicans, tropicalis, glabtrata*).

Candida is a yeast-like fungus which exists as part of the normal flora of the mouth, gastro-intestinal tract and vagina. Candidiasis occurs when the normal commensal relationship changes. The excessive development of the fungus gives rise to pathological conditions at three major sites: the mouth, the vagina and the nappy area.

Incidence

The PAGB survey found that 8 per cent of women reported vaginal problems during the previous 12 months. While not all these may be due to thrush, it is likely most would be. Nappy rash was reported by 5 per cent of children over a two week period. There is a higher incidence in children under 18 months old, but not all reports will reflect thrush infections. No figures were collected during this survey for oral thrush incidences.

In the US, about 75 per cent of all women of childbearing age have at least one vaginal candidal infection: about 40 per cent will experience a subsequent attack, and 5 per cent have recurrent problems.

Causes

The change from the normal, non-clinical presence of the fungus to a pathological attack may be the result of various factors. Antibiotics which influence the bacterial population present at any of the three sites may allow the proliferation of the fungus. *Diabetes mellitus*, pregnancy, malnutrition (including alcoholism) and, in the case of vaginal thrush, bath additives may contribute to the condition. Immunosuppressed and AIDS patients also readily contract it.

Pathophysiology

The pathophysiology for thrush is the same regardless of the site of attack. It is the extensive growth of the *Candida* species which produces inflammation, erythema and irritation. There is a school of thought that believes that recurrent thrush infections may be due to an excessive population of the normal intestinal flora of *Candida* species. It should also be borne in mind that systemic candidiasis, although rare, is a serious condition which requires referral.

Types

- Oral: Pseudomembranous candidiasis (oral

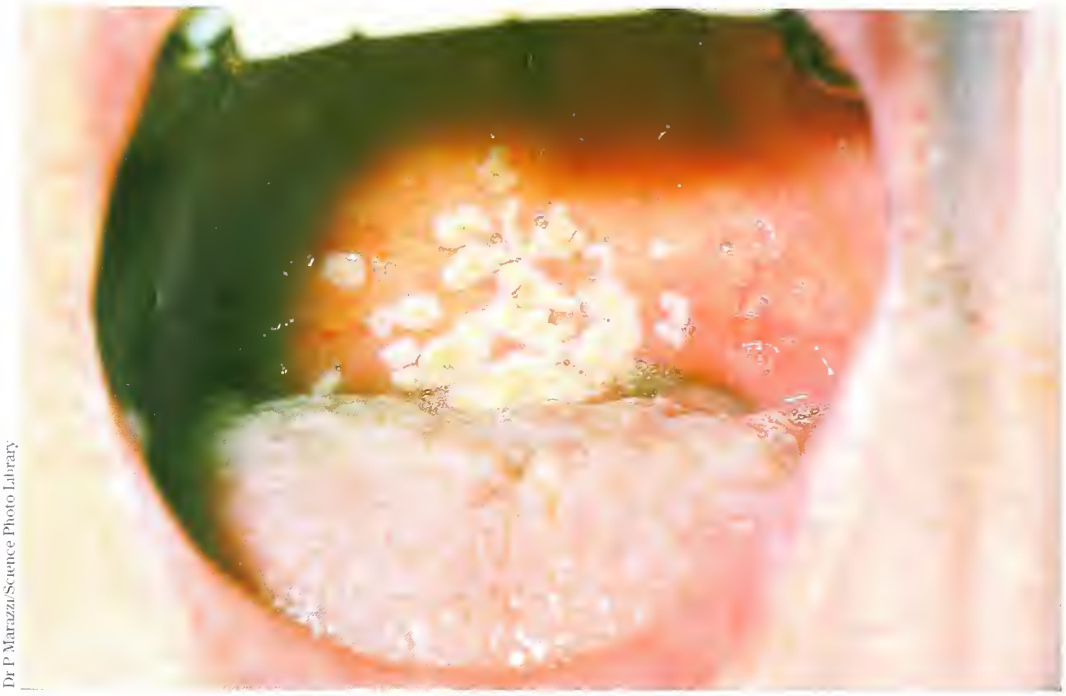
Continued on PVI ▶

◀ Continued from PV

thrush) is characterised by the presence of white raised areas (plaques) loosely attached to the mucous membranes of the mouth. They can be easily removed by scraping, but this leaves the areas sore and often bleeding.

In patients with dentures, chronic atrophic candidiasis may occur. This shows as generalised inflammation of the denture area. *Candida* species adhere to the denture surface and infect the area. Acute atrophic candidiasis affects mainly the tongue which becomes red, painful and sometimes bleeds. The characteristic white plaques of oral thrush are not seen.

- **Vaginal**: The patient frequently recognises the characteristic thick, white or creamy vaginal discharge. It is odourless and sometimes may be more watery and slightly yellow. Itching of the area is common. The absence of odour and erythema in the area are significant diagnostic features.
- **Nappy**: The presence of candidal infection when the patient presents with nappy rash is less easy to identify. Nappy rash itself presents as erythema. *Candida* produces a bright red sharply marginated rash which may have pustules and erosions. The only method of unambiguously identifying the presence of the fungus is by culture. However, even the presence of *Candida* does not necessarily mean that the 'nappy rash' was caused by the fungus. Other agents may have caused the problem and the fungus may be present without it being the source of the symptoms.



Dr P Marazzi/Science Photo Library

The yeast-like fungus *Candida albicans* is responsible for oral thrush

Patient presentation

The patient (or parent/carer) may ask for a product by name to treat the self-diagnosed condition. This is often the case for vaginal thrush: women often know and understand the symptoms, having either personal experience or second-hand knowledge of the problem. However, many patients have little knowledge of either nappy rash induced by *Candida* or the cause of oral thrush.

Questions to ask:

general
- what is the problem?
- how long have you (your baby) had it?
- have you (your baby) had it before?
- are you taking any medicines/antibiotics?

vaginal thrush
- do you have a discharge? is it odourless?
- are you pregnant?

oral thrush
- how old is the patient?
- is it painful?

nappy rash (Candida related)
- how old is the baby?
- is the skin broken?
- is the problem restricted to the nappy area?

Nappy rash

Candida infection involvement in nappy rash has been discussed in a previous article (see *C&D* **Pharmacy Update** September 6, 1997).

Diagnosis – vaginal

- **Symptom complex**

The two prime symptoms of vaginal thrush are the discharge and the itch. Some soreness and swollen labia and a burning sensation independent of urination may be experienced. It is important to note that any discharge must be odourless and white or creamy. Unpleasant odour, urinary tract involvement or blood not associated with menstruation, requires referral to the doctor.

Males, usually asymptomatic, can carry the yeast on their penis.

- **Region**

The labia and vagina

- **Universal factors**

Many factors influence the development of vaginal thrush:

Provoking factors: One of the most common complications in the use of broad spectrum antibiotics in females is an overgrowth of *Candida*. Pregnancy may cause the condition and some experts believe that oral contraceptives are also implicated. Both result in hormonal changes which may alter the vaginal environment and promote the proliferation of the fungus.

Diabetics suffer more frequently than the general population with thrush. This may be a result of the elevated glucose blood level. Other predisposing factors include wearing tight clothing in the groin area and taking immunosuppressives.

Relieving factors: There are few if any true relieving factors. Rarely, personal deodorants and bath additives can cause vaginal thrush. Not using these may result in natural regression of the condition.

- **Time/Intensity**

The condition is not cyclical and can occur during any part of the menstrual cycle. It is normally rapidly resolved by simple OTC treatment, but if it lasts for more than a week, the patient must be referred. Intensity is usually mild and patients who find the symptoms intense should also be referred.

- **Natural history**

Normal vaginal discharge is white or clear and odourless. Usually, thrush is first recognised by the patient as vaginal irritation; the discharge is a secondary event and this is experienced by less than half of sufferers. There is little change in these symptoms with time.

- **Your current medication**

Broad spectrum antibiotics are commonly implicated and patients should be questioned about recent use.

Management

- **Chronic/risk group/age**

Diabetics, immunosuppressed patients, children and those with HIV must be referred. The condition is seen in post-menopausal women and such patients may be treated in the usual manner.

- **Allergies**

There are few problems with allergies. However, local anaesthetics, which may have been used previously by the patient, may cause sensitisation. Their use is not recommended in vaginal thrush.

- **Reaction of proposed medication**

The active ingredient and bases of creams and pessaries occasionally cause problems for some patients.

- **Establish patient preference**

Patients express particular preferences for internal or external preparations to treat their thrush. Many women do not like the idea (and often the actual application) of internal products. However, in vaginal thrush, internal application of the active agent is desirable. The duration of the course of treatment varies from one to seven days, depending on patient choice.

Non-drug management

It may be useful to

Continued on PVIII ▶

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Fluconazole

[1]IRI Infoscan 25.01.98

Abbreviated product information for Diflucan One (fluconazole). Presentation: Capsule containing 150mg fluconazole. **Indication and dosage:** Vaginal candidiasis. Adults (16-60 years): single oral 150mg dose. **Contra-indications:** Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed, coadministration of terfenadine and cisapride. **Warnings:** Lactation. Not recommended. **Drug interactions:** Relevance to single-dose has not yet been established. Anticoagulants, astemizole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifampicin, terfenadine, theophylline and zidovudine. **Side-effects:** Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal category:** [P] **Package Quantity and Cost Price:** 150mg capsule, pack of 1, £7.12 (PL 1906/0017). **Product License Holder:** Pfizer Consumer Healthcare, Wilsom Road, Alton GU34 2TJ. Date of preparation: February 1998.

Pfizer Consumer Healthcare

Continued from PVI

give thought to potential 'provoking factors' before recommending any management strategy.

Changing the pH of the vagina using live yoghurt may be considered. Vaginal douching either with water or a slightly acidic medium such as vinegar or boric acid may be useful. Boric acid at the recommended concentration and used appropriately is not toxic.

If the infection is related to bath additives, these should not be used. Use of a condom should be recommended during the infection.

Product selection

The current first line drugs are the imidazoles. They have a success rate in the region of 85 to 90 per cent and are available as creams for external or internal use and as pessaries. The internal preparation is medically preferred. Current practice shows little difference between the single application of a suitable preparation and either a three or six (or seven) day course.

About 3 to 10 per cent of the dose of clotrimazole, one of the most widely used vaginal anti-thrush agents, is absorbed from the vagina. Furthermore, fungicidal concentrations were present in the vagina three days after application of a single 500mg pessary. This suggests that for patient convenience the single application of a pessary or intravaginal cream is reasonable.

Use of the cream on the labia is a useful adjunct to treatment, especially if vulval itch is present. The cream should also be applied to the male partner's penis even if he is asymptomatic.

Systemic treatment with fluconazole is available OTC as a single oral 150mg tablet. However, use of any systemic drug carries risks and it should be reserved for cases which prove recalcitrant to topical treatment.

If the condition is recurrent (more than twice a year), or the patient is pregnant, they should be referred. Other referral criteria have been mentioned above.

Diagnosis – oral thrush

- **Symptom Complex**

Pseudomembranous candidiasis is characterised by white areas on the mouth's mucous membrane. Raised areas of fungus can be scraped off often leaving bleeding sore areas underneath. In a second form (acute atrophic candidiasis), the fungus is not raised and the membranes bleed and are sore.

- **Region**

The most common areas of infection are the tongue and floor of the mouth. However, any part of the mouth may be involved.

- **Universal factors**

Provoking factors: Candidiasis is sometimes known as 'the disease of the diseased' as it is frequently seen in debilitated patients (due to many factors including alcohol, malnutrition, malabsorption), the very young (babies), the elderly, AIDS patients and some drugs. Drugs include anticholinergics (reduced salivary secretion), corticosteroids (including inhaled steroids), immunosupressants and cytotoxic agents.

Ill-fitting dentures may provoke the problem by traumatising the local area, allowing fungal overgrowth which may spread to the entire denture area. While the plaques may be visible, often this condition is characterised by general inflammation (erythema) of the denture area and a granular surface appearance.

Relieving factors: There are few relieving factors.

- **Time/Intensity**

The condition is usually mild and may be adequately treated by the patient (see below).

- **Natural history**

The condition is often insidious in onset and gives little concern in its early stages, but soon becomes obvious by either the visible signs or by the pain associated with the infected areas. It does not usually resolve spontaneously.

- **Your current medication**

Drug induction is common, the most common being the broad spectrum antibiotics. Other implicated drugs are mentioned under *provoking factors* above. It is useful to remember that many drugs reduce salivary flow (xerostomia) including many of the antipsychotics, antidepressants and antihistamines.

Hormonal changes can promote the proliferation of the *Candida* fungus

Management

- **Chronic/risk group/age**

Treatment of the very young and old is reasonable as long as the condition is not too severe or of long duration. However, the immunosupressed and those with AIDS should be referred.

- **Allergies**

This is usually not a problem.

- **Reaction of proposed medication**

Very few patients suffer a reaction to any proposed medicinal treatment for oral thrush. However, it is always wise to ask if the patient has any problems with medicines. The iodine present in some mouthwashes may cause problems in a very few individuals.

- **Establish patient preference**

While the treatment of choice is an oral gel, mouthwashes and pastilles may be considered. However, there is little difference to the patient as to the use of any oral treatment.

Non-drug management

There is really no non-drug treatment, although neutral mouthwashes help remove superficial fungal cells. Sucking neutral pastilles stimulates salivary flow and this is beneficial. If dentures are involved, thorough cleaning of the plates are essential as these may carry fungal cells.

If the condition has been drug induced, resolution frequently follows course cessation.

Product selection

The mainstay of OTC treatment for oral thrush is the antifungal gel containing miconazole. It should be applied to the affected areas four times a day and left in contact for as long as possible. If the areas are inaccessible, the gel may be circulated in the mouth.

A proprietary preparation containing alcohol and the terpines has been shown to have limited antifungal activity and this suggests that mouthwashes based on this type of formula may be useful as an adjunct to miconazole treatment.

If the condition does not clear up in two to three days, the patient should be referred.

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

ACTION PLAN

1. For the next ten cases of vaginal thrush that you manage, record in your practice workbook a) how often the patient had the problem in the past six months b) is it cyclical? c) what treatment worked before d) what you recommended e) if a pessary, did the patient prefer the one, three or six day course? Can you reach any tentative conclusions from these records?
2. Record the age group of about 25 patients presenting with oral thrush. Can you recognise risk groups?
3. Record, for all types of thrush, any provoking factor that you identify as causative. Is there a pattern for each site of infection?

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◀ Continued from P5

Andrew McCoig lost bid to reduce size of PSNC

reduce the committee size would increase the workload on the remaining members.

● The conference voted to support PSNC and put forward a united negotiating front. Proposing the motion, Bradford LPC explained: "The PSNC structure may not be ideal, but divisive statements do not further the cause of pharmacy as a whole."

Paul Baker said it was essential for PSNC to be seen not only to represent contractors but to have their support: "We seem intent on sending our negotiators naked into the conference chamber.

"Contractors are either satisfied with their elected representatives, or so utterly apathetic that a vociferous minority are allowed to create mayhem that can do nothing but harm."

Paul Baker: PSNC must have contractors' support

● A motion urging an external audit of PSNC strategy was rejected. Gary Boorman (Redbridge & Waltham Forest) argued that contractors needed to know what PSNC's strategy was, in the face of declining NHS remuneration, as it seemed far from clear.

But Steven Williams, PSNC vice-chairman, said contractors faced "serious problems that won't be solved by running off to some third party and commissioning an academic audit exercise on PSNC strategy."

PSNC was trying to develop innovative ideas in response to harsh realities, with the aim of protecting what contractors already had and maximising funding for other NHS services.

However, conference was in favour of research into how the role of contractors in pharmaceutical care could be extended and remunerated. Marion Garner-Patel (Brent & Harrow) said that the research should be carried out by an independent economist, as no-one else would be believed by government.

● A motion was carried asking PSNC to appoint a public relations consultancy to submit proposals for a high profile political campaign, highlighting pharmacies' value. The motion, from Barnet, originally sought a campaign to highlight the "plight" of contractors, but speakers thought a positive approach would gain more public support.

● West Herts criticised PSNC for taking "ineffective action" on resolutions passed at previous LPC conferences. Graham Phillips argued that if PSNC had acted on a 1994 resolution calling for research to prove the benefits of investing in pharmaceutical care, there would now be good evidence on which to build a business case for pharmacy.

Opposing the motion, David Coleman, who has been on PSNC for 24 years, said it was impossible to make quick decisions on major proposals. But Mr Phillips replied: "We didn't ask for instant decisions, only actions."

Urging a "proper response" to resolutions, Alaster Rutherford (Avon) said: "We can stay frozen in the headlights looking at script numbers all the time, or we can look at other ways of remuneration"' The motion was carried.

Alaster Rutherford

● Congratulating PSNC on the document 'Rural pharmacy: an asset to the community', Enfield & Haringey called for a similar document showing the value of urban pharmacies. The motion was carried and chairman Wally Dove said it would be submitted to PSNC's working group on urban pharmacy.

● Another motion carried was that the method of calculating LPC levies should be changed from one based on ingredient cost to one based on script numbers.

There was no time for the planned debate on the White Paper. Instead, Wally Dove said PSNC would circulate a paper – which was to have been presented to the conference – for LPCs to comment

LPCs voted against debating an emergency motion urging PSNC to proceed with the appeal against the High Court judgment that doctors can delegate the supply of medicines to unqualified staff. Secretary Stephen Axon explained that PSNC was the only body privy to the ful information, including counsel's opinion. A decision on whether to proceed will be made at the next PSNC meeting.

Scottish statistics

There were 4,389,272 prescriptions dispensed in Scotland in November 1997, 4,380,846 by chemist contractors, at a total cost to the exchequer of £43,129,384. For chemist contractors, the ingredient cost per prescription was 883.83p with a professional allowance of 37.30p and oncost of 0.17p.

Cold & Flu line

The Consumer Health Information Centre's cold and flu hotline has been extended to run until the end of March. The Centre, which was set up by the Proprietary Association of Great Britain, gives advice about common ailments. The helpline number is 0845 60 61 611.

Paper guidance

Health Minister Alan Milburn issued guidance on the implementation of the White Paper on modernising the NHS, 'The New NHS', and the Green Paper on public health, 'Our Healthier Nation', last week. The guidance sets out the areas for immediate action.

Gaviscon award

Pharmacists have voted Reckitt & Colman's Gaviscon Advance as having the best television and overall OTC advertising in the OTC Bulletin/Taylor Nelson OTC advertising awards for 1997. The awards for best trade press advertising and non-television consumer advertising went to the Bayer Consumer Care's Canesten range.

Vitamin B6 update

Food minister Jeff Rooker has announced that draft regulations to introduce the proposed controls on vitamin B6 will be published "shortly". No decision has been made on the extent of the exercise. The government has received about 1,500 letters from MPs on the subject.

Joint teacher-practitioner post advertised

The first pharmacy teacher-practitioner post funded by an NHS Education Consortium at a school of pharmacy has been advertised.

The position at Aston University School of Pharmacy is being funded by the Black Country NHSEC. It is a result of the NHS Executive Pharmacy Workforce and Training Group published in March 1997 and the executive letter EL 9(7) 58 on education and training planning guidance.

Seen as a "pioneering teaching appointment", the successful candidate will help develop undergraduate education to meet the needs of the new NHS, and prepare undergraduates for the developing clinical role of hospital pharmacy. In addition, promotion of hospital pharmacy employment will be achieved by the teacher-practitioner helping organise workplace, vocational and professional training in the Black Country area hospitals.

Head of pharmacy practice at Aston, Keith Wilson, says: "This post is significant recognition of the need for the NHS to become involved in pharmacy education."

Making thieves pay

Retail shrinkage is demoralising, both financially and mentally. Professor Joshua Bamfield reports on a revolutionary system that makes thieves pay, literally, for their crimes

Thieves find pharmacies easy targets, as the latest British Retail Consortium's (BRC) crime survey reports. However, civil recovery could be the solution. This new way of dealing with shop thieves is already established in the US and Canada, and is being introduced into the UK.

Civil recovery is based on the retailer collecting damages from the thief, in addition to any criminal action taken against the thief by the courts. Experience in the US and Canada suggests the system has reduced repeat offending by shoplifters. Could it work for UK pharmacists?

Perhaps you should make sure it works. According to BRC's survey, the nature of your goods make you more at risk from crime than most retailers. Pharmacies in BRC's survey lost stock worth £33.4m in 1996/97 because of 'shrinkage'.

Pharmacies are also suffering more burglaries – a traditional problem. Amid the sorry statistics is one telling figure – pharmacies in the survey spent only £7m on security in 1996/97. It was one of the lowest expenditure of any retail group.

It's true that many pharmacists are relatively unaffected by most types of crimes, but they clearly still have problems. Taking aside the shop violence, a significant number of stores suffer high levels of pilferage during the year.

Their losses are particularly heavy for batteries, shaving products, colour films, sanitary items, contraceptives, hair care products, vitamins, toys and children's items, according to the Centre for Retail Research.

OTC products and small, high value, branded items are easy targets for customers, staff and young children.

BRC's survey does not indicate how many thieves targeted pharmacists in 1996/97, but it calculates that the UK retail industry caught more than 1.2 million thieves. The figures are down slightly on 1996/96, when retailers caught 1.65m thieves. Only 55,000 (3.3 per cent) o these appeared in court and less than 4,000 received a jail sentence.

Although few retailers want to see our jails full of shoplifters and staff thieves, the figures show that stealing from shops seems to have become a low-risk, low-cost activity carrying little danger of any penalty if the individual gets caught.

Civil recovery enables the retailer to recover part of his or her losses directly from the thief, without necessarily going to court. Having caught the thief you send a letter requesting him or her to pay damages. If they do not pay, then they can be taken to the small claims court for judgement against them.

Stealing your property is an offence under the civil law as well as a crime. The thief can be required to compensate the retailer or face an action in the civil court.

You should expect to be reimbursed for the cost of what has been taken, your time and expenses, a contribution to the cost of extra security required by your store(s), and an additional amount of damages to act as a deterrent.

Many of these costs are recoverable already under English law, but most commentators believe that new legislation on the same basis as the US would be required to put civil recovery on a sound basis in this country.

The normal sums of money involved in the US are $250. In the UK, retailers would initially seek to recover sums of between $60 and $200, with an average for an adult offender of perhaps $130-$150.

About half the thieves who receive the retailer's letter pay up, according to experience in North America. While this ratio is far from satisfactory, it's worth noting that no action is taken against 97 per cent of people who steal from UK shops.

In Canada, smaller retailers usually hand the details of people they have caught over to specialist civil recovery firms which collect damages from thieves on their behalf.

One pharmacist uses civil recovery against every customer and staff thief because he feels that "this is the only way left to teach them that stealing from my store will cause you grief". At the same time he refers every case to the police.

Drug companies and wholesalers can also help. Ekhert Drugs, a large US firm, runs its own civil recovery programme and invests the proceeds (more than $1.5 million) back into retail loss prevention.

Civil recovery must not be an alternative to referring thieves to the police. But the police are often frustrated by the time and resources taken up with shop theft cases, so they tend to support new initiatives which provide a better deterrent, as long as they are kept informed about what is going on.

While the system is an increased deterrent, it is not perfect, infallible or universal. But, as part of your crime prevention policy, it can help cut losses. Remember that civil recovery programmes are funded entirely by criminals.

Prof Joshua Bamfield, director of the Nottingham-based Centre for Retail Research, is the leading exponent of the use of civil recovery in the UK. The Centre (tel: 0115 962 3717) can advise retailers on how to set up a civil recovery programme. The legislative framework needed for civil recovery is discussed in Professor Bamfield's book, 'Making Shoplifters Pay: Retail Civil Recovery', price £12, Social Market Foundation (tel: 0171 222 7060).

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Foraging for finance

Money is the lifeblood of business – that is stating the obvious. What is not so obvious is how you raise this money. Michael Brown, director of MEL Research, examines the options

Whether you are considering starting a business, expanding an existing one or just running one, you need adequate financing. Rarely are businesses entirely self-financed by the owners; most need some form of external finance from commercial borrowings or equity, for example, the sale of a stake in your business to another shareholder.

In the first feature of this series (*C&D* February 7, p22), Dr R L Pocock wrote 'Good management needs a very clear sense of long-term purpose and direction'. But how is this achieved and where do you start? As you contemplate raising finance, you will be asking yourself:

- how much do I need?
- what if I can't meet the repayments?
- what if the business doesn't make money?
- what do I risk losing if the business fails?

You need to answer these questions to assure yourself that your business proposition is a viable one with good prospects for success.

Planning ahead

Producing a business plan is the best way to satisfy yourself of this and, at the same time, to produce a case for use in future financing negotiations. While there is no single format for a business plan, the content is still fairly standard:

- introduction to the business, aims and objectives
- nature of the business – products and services and the way the business will operate
- market information – market description, information about competitors, marketing and publicity strategy
- facilities – premises, equipment, fittings, cars
- people – who the key people in the business are, and the experience they bring (it is also useful to state who your professional advisors are, eg solicitor and accountant)
- financial details – previous audited accounts (if an existing business), budget and cashflow forecasts, capital that you can contribute, the amount of additional finance that you need to raise, contingency plans.

Plan for success

A well researched and produced business plan will help you decide if this is the right business proposition for you and, if it is, will give you the confidence to take the next step.

It is also an important tool for developing your business – it will help you to raise finance and direct and monitor the progress of your business. In short, it will help you to develop a long term purpose and clear sense of direction. The work you put in to develop the plan is the platform upon which you will build your financial projections.

Sorting out financial details is often the most frustrating part of producing a business plan – especially if it is a new business. You need to consider:

- cost of acquiring and refurbishing the premises (freehold or leasehold)
- cost of equipment, furniture and fittings
- staffing and overhead costs
- your likely level of sales and how long it will take to reach this level
- the prescription volumes you expect to dispense
- cost of acquiring a sufficient volume and range of OTC's and general stock
- how much you need to 'draw' from the business for your own living expenses
- how much credit you can get from suppliers
- value and timing of receipts from the Prescription Pricing Authority
- working capital to bridge the gap between how much money you generate within the business (this is likely to be lower in the early days) and how much you need in order to pay your bills and wages.

If you are buying an existing business, you will also need to consider the value of goodwill, since this will be a major part of the overall purchase price. Goodwill reflects the reputation and income-generating

potential of the pharmacy and will vary from location to location.

Your accountant can help you to clarify the exact amount of financing that you will need, the most appropriate structure of finance and your ability to make the repayments – while still making a profit.

Cash flow

In practice, you will probably incur costs or generate sales in one month, but you will pay your bills and receive your revenues in another month. For example, fees for dispensing prescriptions may be earned in one month, but you will not get them from the Prescription Pricing Authority for up to three months. This obviously affects your bank balance – your accountant can help you by preparing a budget and cash flow forecast, which shows the timing of money flow into and out of the business.

Assess your needs

Borrowing money costs money (interest), so it is useful to borrow only what you need. If you borrow too much you pay unnecessary interest and this eats into your profits. If you borrow too little, you cannot run your business properly – you are underfinanced.

You need to assess how much you need and the best way to raise it. For example, if you need $50,000 for a lease, you would not expect to finance this from an overdraft; if you wanted to increase your stocks, you would not take out a loan repayable over five years.

There are many forms of finance available. And competition among the high street banks has made them increasingly sensitive to customers' needs and flexible in the way they structure financial packages. However, finance is generally available in the following forms:

- commercial mortgage – like a domestic mortgage, though it is for buying premises and usually limited to a maximum proportion of the premises' value, eg 75 per cent
- term loan – offered over a period of years to be agreed and usually for the purchase of fixed assets, eg equipment, fittings, motor vehicles
- overdraft – a facility granted by the bank to overdraw on a bank account up to a fixed level, usually used to purchase stocks and for working capital
- hire purchase/leasing – a variety of services with flexible arrangements for deposits, monthly payments, residual payments and ownership. HP and leasing are often associated only with motor vehicles but can be equally applicable to office equipment, furniture and fittings.

Borrowing money costs money, so it is useful to borrow only what you need

An indirect source of finance is trade credit (ie the time that your suppliers give you before you have to pay for goods and services received).

Taking the strain

Trade credit is an essential form of finance and carries no interest. In other words, your pharmacy wholesaler will bear some of your financial strain. In estimating your financing requirements, you must also take account of the level and period of credit that you are able to negotiate.

Commercial lending is undertaken for commercial reasons, ie to make money. The lender wants to earn interest and be confident that the advance is repaid. A lending decision will be made on these bases, but the lender will still want additional guarantees.

He will want to know, for example, that in the unforeseen circumstance of a default on a loan, you have an asset that can be realised and the proceeds used to discharge the loan. These assets, commonly called security, collateral or guarantees, can be offered from within the business, from personal assets (eg property) or by a third party.

Pharmacy wholesalers are typical third party guarantors, guaranteeing commercial loans in return for guaranteed levels of trade from the business. Unfortunately, the government's Loan Guarantee Scheme does not cover the retail sector.

All businesses need to raise finance at some point. How successful you are depends upon how well you prepare your case, your ability to demonstrate a viable business proposition, and a capability to make it work. A sound business proposal is a powerful persuader.

The author would like to thank Mark Brennan MRPharmS, a practising community pharmacist, for his contribution to this article.

AAH unveils Lloyds Pharmacy

AAH Retail Pharmacy has merged Hills Pharmacy and Lloyds Chemists into a group called Lloyds Pharmacy.

Lloyds Pharmacy has about 1,400 stores, which makes it the UK's biggest pharmacy chain – Boots the Chemists has 1,313.

The new look, which follows an extensive review that has been running since Spring last year, also includes radical changes within the pharmacies.

One innovation to open up the store is to remove barrier of the counter between the front shop and the dispensary in front of the counter. Pharmacy medicines will be stored in new, secure systems within each store.

"It means that customers will be able to identify brands more easily. The pharmacist will be more accessible and be able to advise customers on wider health care issues," says AAH. Research among 5,000 customers suggested that easy access to the pharmacist was vital

Lloyds Pharmacy stores will also sport green and cream colours – to give them a "more contemporary look", as well as extra fascias, merchandising, point of sale and signs.

More than 400 Hills/Lloyds stores will be rebranded and upgraded this year, while the remainder should be completed by the end of 2000.

The process has already started – nine Lloyds Pharmacy stores will be launched by the end of the month and, by summer, about 20 stores will be 'rebranded' each week.

AAH says the roll out will cost more than £20m this year. Retail pharmacy managing director Michael Major says the group will probably spend a further £40m by the end of 2000 to complete the rebranding exercise.

Lloyds Pharmacy's 12,500 retail staff will receive a video and newsletter explaining the changes. The chain will also pass the message through regional road shows, which begin on March 16 and will cover more than 50 towns and cities.

AAH Retail has about 50 franchised Vantage pharmacies. Half of them are 'permanent', the remainder the franchisee has the option to acquire the business. All these stores will remain as a separate group and will not be part of the rebranding exercise.

Nick Stokes, Lloyds Pharmacy marketing director, says Vantage own label brands will continue to be stocked by independent pharmacies, but the brand will gradually be phased out of the former Hills branches.

He adds that Lloyds Pharmacy is talking to cosmetics, fragrance and toiletry manufacturers because these categories will play an increasingly important role in the group.

Lloyds Pharmacy will be integrating the Hills and Lloyds EPoS systems. According to Verdict Research, only 10 per cent of Hills stores had EPoS, whereas many Lloyds stores had the facility.

Lloyds Pharmacy will spend £7m this year on integrating the systems. This includes new hardware and software for stores that are being rebranded, while remaining outlets will use recycled equipment. AAH is developing a central facility to collect data from all 1,400 Lloyds stores.

Michael Major, AAH Retail Pharmacy's managing director

Smith & Nephew's profits down £21m

A strong pound has knocked £21m off Smith & Nephew's pre-tax profits (before exceptionals) which fell 12 per cent to £161m for the year to December.

S&N says the effect was particularly severe because most of its products are manufactured in the UK and the US, while it exports to European and Asian markets with weaker currencies. Chairman John Robinson says the strong pound and the impact of European Monetary Union will affect its profits this year.

Last year's profits were also hit by the £5m cost of launching Dermagraft, a treatment for diabetic foot ulcers, in the UK, Canada and Finland. S&N plans to launch Dermagraft in the US in the Spring, and will invest £6m to promote the product worldwide.

The group's cost-cutting programme slashed £30m in costs in 1997 and is expected to cut £25m this year. Its turnover, meanwhile, fell 2 per cent to £1.048bn.

At constant exchange rates, underlying growth was 5 per cent. UK sales were up 3 per cent to £185.8m, while sales in continental Europe rose 2 per cent to £201.6m. US sales grew 7 per cent to £455.8m. Health care sales were up 5 per cent to £856.3m.

Star performers were wound management and endoscopy lines.

NPA launches travel insurance for customers

The National Pharmaceutical Association has expanded sales of its travel insurance service to include customers.

Pharmacists will receive a commission worth 20 per cent of the insurance premium for every customer they attract.

The service is being operated by the NPA's travel service, TCI Direct and Travellers Direct Insurance, who have been offering travel insurance to NPA members for the past three years, will handle the insurance.

About 2,000 NPA members take out travel insurance through the Association annually.

NPA members can now apply for a starter insurance pack, which contains 50 consumer leaflets – each uniquely coded to the pharmacy, and a counter/display dispenser. Each pharmacist is then given a commission account.

When a customer calls a hotline number on the leaflet, he/she will be asked to quote the code. The pharmacist's insurance account will then be credited with 20 per cent of the premium – excluding insurance premium tax. At the end of each quarter, the NPA will send a statement that shows how many insurance transactions the pharmacy achieved, plus a cheque for the commission obtained.

The NPA says a pharmacist could earn £100 from ten customers buying family policies for a fortnight's European holiday.

It adds that the commissions and leaflets are available only to NPA members.

Boots moves into baby care mail order

Boots the Chemists is moving into the home shopping market with a 500,000 strong mailing list built using names from its Advantage loyalty card database.

The company is aiming at the baby care sector with catalogues being direct mailed to mothers and mothers-to-be this week. Boots says the £5 million 'Mother & Baby at Home' initiative is the most targeted service of its kind yet undertaken by a retailer.

Each catalogue lists more than 1,500 lines, many of which are not available in Boots stores. Areas covered include maternity wear, nursery equipment, pushchairs, nappies, toiletries, babyfood, toys and children's clothing.

Using phone, fax or mail, customers can order items for delivery within five days. Deliveries over £50 are free. Advantage points are offered on all purchases, and in-store promotions will also apply to catalogue items.

Boots moved out of the buggies and large item end of the baby care market when it sold its less than successful Children's World outlets last year.

Boots claims there are nearly seven million Advantage card holders, and 95 per cent are women. This is the first time the retailer has used information from the card, which uses smartcard chip technology, to drive a major marketing exercise.

Anne French sold to Carter Wallace

Whitehall Laboratories has sold the Anne French range of facial cleansers to Carter Wallace for an undisclosed sum.

Whitehall says it wants to concentrate on its core brands, such as Anadin, Advil and Centrum.

Folkestone-based Carter Wallace, whose portfolio includes Pearl Drops tooth polish and Arrid antiperspirant, is acquiring Anne French's rights in the UK, the republic of Ireland and certain export markets.

Howard Cocker, CW's managing director, says the range opens up new opportunities for the company.

Drug industry lobby of Scottish parties

Fifteen major pharmaceutical groups are lobbying Scottish political parties with a 'medical manifesto' suggesting how a Scottish Parliament could use medicines cost-effectively.

The groups have pooled resources to form the Pharmaceutical Industry Council. Its manifesto – 'Building a healthy Scotland: what the pharmaceutical industry needs from a Scottish government' – says the new parliament needs to act in five areas to:

- promote stability and dialogue
- ensure patients' access to medicines
- promote the value of medicines
- promote innovation
- improve education and training.

PIC says the government should encourage the use of evidence-based health treatment because it would increase the overall use of modern medicines, and reduce the need for expensive hospital-based procedures.

The manifesto adds that the government needs to take a long-term view – ten years – of its objectives, partly because drug manufacturers usually take 10-12 years to develop a medicine.

Scotland's annual share of the drug industry's trade surplus is worth about £250m. The country has a strong tradition in medical R&D. Although Scots represent only 10 per cent of the UK population, Scotland attracts about 20 per cent of the money spent on clinical research.

PIC supports doctors' rights to prescribe generically, but it remains opposed to pharmacists being allowed to substitute generics for doctors' branded prescriptions.

Prescription charges, however, should be reviewed in Scotland and elsewhere in the UK.

The ABPI, a PIC member, has been appointed the national training organisation of Scotland's pharmaceutical industry – it already has this job in England and Wales.

AAH wholesale subsidiaries in £20m management buy out

A management buy out team has acquired M&S Toiletries (MST) and Pricemaster from AAH for £20 million.

Venture capitalist 3i provided £6.5m of the funding and has an undisclosed stake in the companies' equity. About £12.75m of debt was supplied by the Bank of Scotland, while the management buy out team ploughed "substantial" personal funds into the deal.

Gehe has decided to sell the businesses because it wants AAH to focus on the Hills/Lloyds chain and its own wholesale interests.

The team – Bill Barclay (MST managing director), Innes McBeath (deputy managing director), Bill Tempany (sales director) and Peter McNab (commercial director) – has also acquired Krackers, a chain of 23 outlets that specialises in discount-priced products.

Edinburgh-based MST and Pricemaster, whose headquarters are in Leeds, are wholesalers specialising in health, beauty, fragrance and household products for independent retailers.

The management buy out team is integrating the two wholesalers to form a group called M&S Toiletries Holdings. Its combined turnover tops £70m and, through its 22 sales reps, it will distribute throughout the UK.

Pricemaster retains its name as a subsidiary of the group. Both MST and Pricemaster retain their headquarters – in the short term.

Mr Barclay says: "The integration of MST and Pricemaster will allow us to explore additional revenue opportunities and maximise the use of of both organisations' buying and distribution strengths."

MST has been trading for about 25 years and is said to have strong links with community pharmacies.

Mr McBeath says the group aims to expand business with pharmacies and is talking to major groups, which include the National Co-operative Chemists and Moss Chemists.

"We already do a lot of work with independent pharmacies – they rely on us to offer one-off promotional type merchandise. That's where we've made our name [with these pharmacies] and we'll continue to target them with more offers," says Mr McBeath.

(l-r) Bill Barclay, M&S Toiletries' managing director, Stuart McKee, assistant director of corporate finance at Coopers and Lybrand and Bruce Keith, 3i's investment controller

Seton Healthcare spends £4.75m acquiring Resolve

Seton Healthcare has acquired Resolve, the treatment for headaches and gastric complaints, for £4.75m from Smithkline Beecham.

Under the deal, Seton has also acquired Resolve's goodwill and trademarks in the UK and Ireland, plus plant, machinery and stock worth about £300,000.

Resolve's sales are worth approximately £1.6m and it produces a gross profit of £1.1m.

Dieno George, Seton's deputy chief executive, says Resolve has a lot of potential. "It has very high awareness [among customers] and it's a super product technically. It hadn't been supported for some time, but its sales have still held up," he says.

Seton will spend "several hundred thousand pounds" promoting the brand in late autumn. Resolve's peak season is traditionally the run up to Christmas.

Wrafton Laboratories, who produced the brand for Smithkline Beecham, will continue to do so for Seton.

Resolve joins Seton's OTC line up for stomach ailments, which include the Asilone and Dijex.

Smithkline Beecham faces hostile bid threat from Glaxo Wellcome, after merger collapse

Glaxo Wellcome could launch a hostile bid for Smithkline Beecham.

Glaxo Wellcome met key fund managers this week to explain its annual results and to outline why the proposed merger fell through last week. Sir Richard Sykes, GW's chairman, is expected to sound out the managers' views about a hostile bid.

Such a move would not be easy. GW would have to offer £45-50bn, which would make it the biggest offer in corporate history. The huge sum means GW would have to write off a fortune in goodwill.

On the plus side, GW would have all the benefits – already spelled out – of the world's largest drug group. And it could cut costs far more ruthlessly than would have been possible under the previous merger agreement.

One report suggests GW could earn £5bn by selling Smithkline Beecham's consumer division, which includes Lucozade and Panadol, and by divesting Diversified Pharmaceutical Services – a drug distributor.

Some press reports suggest GW would be looking for a merger, rather than an overt acquisition, to avoid paying a premium on SB's shares. The obvious stumbling block here is Jan Leschly, SB's chief executive, who would clearly have to be removed for such a deal to go ahead. Disagreements between Sir Richard and Mr Leschly had, after all, contributed to last week's rift.

Mr Leschly's position at the top of SB is not as secure as it used to be. The company has performed well under his helm, but two spoilt mergers – American Home Products and GW – have harmed his credibility.

SB pointedly refused to comment on whether Mr Leschly's position was safe. He is meeting institutional investors this week, as part of a long-standing arrangement to discuss SB's annual results.

SB would not comment on whether it was looking at other potential merger candidates.

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1x50 Salivix (exp 11/98). Tel: 01625 523059.

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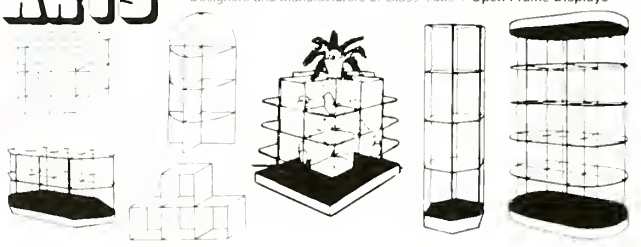

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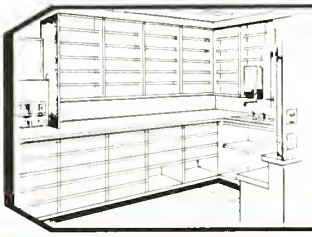

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ABOUTpeople

It's a dog's life ...

Dog owners at this week's 'Crufts' will have the benefit of veterinary health promotion and prophylactic treatment advice for their pets, from pharmacists.

Vetmedic Pharmacy from Heanor, Derbyshire, has registered its pharmacy stand with the Royal Pharmaceutical Society. It is appearing at Crufts – at the National Exhibition Centre, Birmingham – for the first time.

"We have been trying to get into 'Crufts' for over ten years, and thanks to the addition of a new hall to accommodate more stands, we have," says Vetmedic superintendent pharmacist Robert McDonald.

Although new to 'Crufts', Vetmedic had an open air pharmacy stand at another event, the Moorgreen Country Show in Nottinghamshire, last August.

The stand will sell wormers, flea treatments, eye cleansers and lotions, and general pet hygiene products. Pharmacists, unlike vets, can treat animals which are not under their direct care.

Get together in Sunderland

Ex-students and staff in pharmacy and pharmacology from Sunderland are invited to attend a reunion at the Swallow Hotel in Seaburn on September 19.

The hotel will be better known to most ex-students as the Seaburn Hotel, where many will have enjoyed a pint or two. A special welcome is being extended to graduates who qualified 25 years ago in 1973.

The reunion is being organised by the Hope Winch Society, an association of ex-students and staff in pharmacy and pharmacology from Sunderland. Hope Winch, the first head of pharmacy at Sunderland Technical College, gained approval for the college's part I and II of both the *Chemist & Druggist* and *Pharmaceutical Chemist* certificates in 1921.

Details from Dr John Eilbeck at 29 Middleton Close, Seaton, Seaham, co Durham SR7 0PQ.

COMING EVENTS

MONDAY, MARCH 9

N Metropol Branch, RPSGB
Exhibition at the Wellcome Centre, Euston Road. Meet at the School of Pharmacy at 6.30pm.

Southampton Branch, RPSGB
Southampton & SW Hampshire HA, Oakley Road, Southampton, 7.30 for 8pm.

Derby Branch, RPSGB
Kingsway Hospital, Derby, 7.30 for 8pm.

TUESDAY, MARCH 10

Bath Branch, RPSGB
Pratts Hotel, Bath, 8pm. 'Glaucoma', by Mr R Baer.

Stirling Branch, RPSGB
Joint meeting with the Forth Valley GPs at the Stirling Royal Infirmary, 6.15 for 7pm.

Ayrshire Branch, RPSGB
Piersland House Hotel, Troon, 8pm.

N Scottish Branch, RPSGB
Joint meeting with Moray & Banff Branch, at the Golf View Hotel, Seabank Road, Nairn, 8pm.

Oxfordshire Branch, RPSGB
Postgrad Medical Centre, John Radcliffe Hospital, 8pm.

WEDNESDAY, MARCH 11

Swindon Branch, RPSGB
Princess Margaret Hospital in Swindon, 7.30 for 8pm.

Bradford Branch, RPSGB
Joint university lectures with local GPs, Richmond Building, Bradford University, 7.30pm.

Buckinghamshire Branch/LPC
The Posthouse, Aston Clinton Road, Aylesbury, 7.15 for 8pm.

THURSDAY, MARCH 12

Fife, Edinburgh & Lothians Branches, RPSGB
Pitbauchlie House Hotel, Dunfermline, 8pm.

Lanarkshire Branch, RPSGB
Old Mill Hotel, Motherwell, 8pm.

Eastbourne Branch, RPSGB
Eastbourne District General Hospital at 8pm.

Glasgow Branch, RPSGB
University of Strathclyde.

South Staffs Branch, RPSGB
The Swan, Lichfield, 7.30 for 8pm.

West Herts Branch, RPSGB
BUPA Hospital, Ambrose Lane, Harpenden, 7.30 for 8pm.

NICPPET
Belfast. 'Complementary therapy'.

Consultant is not amused

Pharmacist Paul Biant of Hyson Green Pharmacy in Nottingham has written to Central TV to complain about the profession's portrayal on ITV's 'Peak Practice'.

Mr Biant, who was the show's pharmacy design consultant, wrote to Central's chief production buyer to complain about the behaviour of hypochondriac pharmacist Norman Shorthose. In last week's episode, Mr Shorthose was implicated in a prescription fraud racket with a locum GP.

Mr Biant's letter follows a furore over Shorthose's breach of patient confidentiality and general ineptness, which prompted over 50 pharmacists to contact the Royal Pharmaceutical Society about the character's conduct (*C&D* February 14, p38).

"I would like to make it clear that if I had known the story line, I wouldn't have participated in the project," says Mr Biant.

"I designed and stocked the pharmacy but was never told the story line. I have told Mr Stepping I am not happy with the situation – the show's writers appear to be in a world of their own."

TV character Norman Shorthose

Some upcoming scenes may be cut or changed as a result of the complaints, believes Mr Biant, who has received seven calls from pharmacists saying how disgusted they were at the story line.

He is disappointed with the portrayal and, if asked to consult for television again, he will involve the Society from the outset.

Pharmacist John Smolaga of the Lilliput Pharmacy is swapping life in Poole, Dorset, for a swimming pool in Hawaii, as the winner of the 1997 Hawaiian Tropic pharmacy competition, worth £2,000. Last week, his name was chosen in a draw, open to 4,000 pharmacist stockists of Hawaiian Tropic. John (right) is pictured receiving his prize from Hawaiian Tropic's South West England sales agent Roy Bosher

Numark aims for £80,000

Numark is hoping to raise $80,000 for the charity Arthritis Care by selling charity badges through its shareholders' pharmacies.

Arthritis Care has over 630 branches and 62,000 members in the UK. Its director of fund raising, Peter Maple, says: "If every Numark shareholder sells just 100 £1 badges, we will have surpassed our goal of $80,000, which will represent a real contribution to the management of arthritis.

"The treatment of arthritis involves the pharmacist so often that it makes sense to link with Numark, so people with arthritis can ask for the advice and information they need."

Certificates, national and regional awards will be presented to the Numark shareholders who raise the most money.

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OTC

OVER THE COUNTER

Educating Informing & Entertaining Pharmacy Assistants

Next Issue March/April
Published March 28

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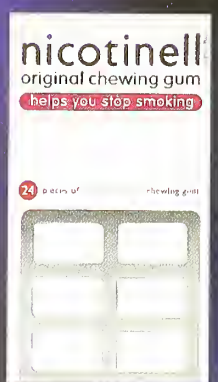

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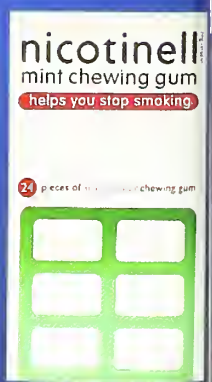
Nicotinell Gum. £1 million spend on National TV and Press campaign.



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